Telehealth Policy and Procedure

Policy: Our policy at Alveida Health Group is to provide telehealth as an option for health care service delivery to enhance access in ways that are convenient, safe, and equitable for our patients.

Terminology

Telehealth. For purposes of this policy and procedure, by telehealth we mean the discrete set of codes promulgated by the Centers of Medicare & Medicaid Services (CMS) that can either be provided in-person or by using an interactive audio and video telecommunications system that permits real-time communication between the clinician at the distant site and the beneficiary at the originating site.

Distant site. We are the distant site when we deliver telehealth services to patients at a different location, including their home.

Originating site. This is the site where the patient is and may be when: • We deliver telehealth services to a patient at a different location, including their home – either of which would be the originating site, or • A clinician/specialist at a different location delivers telehealth services to a patient at our clinic, making our clinic the originating site.

Procedures

Scheduling as an Originating Site. When one of our patients is scheduled to receive telehealth services at our location from a clinician/specialist, we will provide a private space with a camera, a microphone, and a headset for the patient to engage in the telehealth visit. The patient will be advised to arrive 30 minutes before the appointment to set up and test the equipment. The patient will be offered a knowledgeable staff member to accompany the visit to ensure a smooth telehealth experience. Before the visit, we will ensure that:

- The clinician/specialist has been e-faxed or otherwise provided with the medical records needed for the visit while adhering to the HIPAA Privacy rule governing “minimum necessary” when providing records/information.
- Both our staff and the clinician/specialist are clear on their roles and responsibilities, especially around consent, documentation, and payment.
- A referral order has been entered, so we can close the loop and ensure that our ordering clinician has signed the referral notes/results.

Scheduling as a Distant Site. When a patient calls to schedule an appointment, they will be offered an in-person or telehealth visit. If the patient chooses telehealth, reception staff will administer the questionnaire to establish whether the reason for the visit and/or chief complaint is appropriate and will deliver the standard script indicating that the telehealth appointment is made based on information provided in the questionnaire and that if conditions change, the patient may need to be seen in person or seek urgent/emergent care. Reception staff will also provide additional scripting to ensure patients are clear on the expectations (e.g., must have a quiet place to take the telehealth visit and no multitasking) and the cost requirements, as patients are often surprised that the cost/reimbursement for a telehealth visit is the same as for an in-person visit. The reception staff will ask, “Do you have a smartphone, tablet, or desktop computer with a camera and internet?” If patients have one of the three, they are considered “video-capable”. Reception staff will note video capability. Patients will be sent an appointment confirmation by email or text, depending on patient preference, including the appointment date/time, a link to a telehealth visit, instructions for connecting, and an offer of a “test” telehealth visit.

Before Visit

- Within three business days of the telehealth visit, the patient will receive an appointment reminder per their preferences – call, email, text, or portal message.
- The medical assistant (MA)/nurse on the patient’s care team will identify all current preventive and chronic gaps in care to discuss with the patient before meeting with the clinician. The MA/nurse will also identify any outstanding orders or referrals to discuss with the patient and/or clinician to determine the status – pending, need to cancel, waiting for referral notes/results, etc.

Day of Visit

All clinic participants on the call will clearly introduce themselves to the patient and wear or otherwise display their first and last names and credentials.

MA/nurse will:

- Confirm the patient's identity – picture on file, name, date of birth, etc.
- Conduct intake, including the portions usually performed by reception staff for in-person visits
- Advise the patient how to make their copay if needed.
- Discuss backup plan for if the audio or video fails or the technology otherwise is not working for the patient or the care team, including a number to call the patient or for the patient to call the clinic
- Confirm and document the patient's physical location in case emergency or other services need to be called to assist the patient in the event of serious signs or symptoms.
- Obtain consent for the telehealth visit, depending on the patient's primary insurance:— verbal or written for telehealth and other virtual services, as well as notification of any applicable cost sharing, including potential deductible and coinsurance amounts. Consent must be documented in the patient's medical record. If no consent is noted, consider obtaining the state-required telehealth consent.
- Act as scribe for a clinician [if this is something your clinic supports].
- Perform check-out for the patient at the conclusion of the visit as per our procedure for in-person visits, including asking the patient if they have any additional questions about their treatment plan and scheduling any follow-up or other visits.

Clinician/care team will:

- Document as per requirements for the given type of visit (e.g., evaluation and management/office visit.
- Enter the appropriate billing code with modifiers, etc., depending on insurer (this may be the responsibility of billers/coders

After Visit

MA/nurse will:

- Provide visit notes/summary to patient per patient's preference (mail, email, portal, etc.
- Communicate with the patient's preferred pharmacy for any prescriptions not transmitted electronically
- Follow up on all orders/referrals, etc.
- Ensure patient is clear on co-payment/deductible amounts and how to pay
- Send telehealth follow-up survey to patient per their preferences
- Administer the follow-up survey to clinic staff who participated during the telehealth visit, during our designated survey periods (e.g., first week of each calendar quarter for all telehealth visits)

HIPAA Privacy

- Patients will be advised to use headsets/ear buds and must identify for the clinician and care team any other individuals that are present.
- The clinical team must be in a private space (e.g., exam room or office) or wear a headset/ear buds to ensure conversations are private.

HIPAA Security

All efforts have been made to ensure the security of patients' protected health information (PHI) through the use of HIPAA-compliant devices and telehealth platforms for both the patient and clinical staff. We have signed business associate agreements with all telehealth platform vendors or others that may create, receive, maintain, or transmit electronic protected health information (ePHI) as part of our telehealth processes to ensure HIPAA compliance. All other contingencies have been made; the Security Officer has reviewed our policies and procedures to ensure that we are HIPAA-compliant and have mitigated any risks, including updating the security risk analysis with any changes resulting from the use of telehealth. We use the following secure platforms for Telehealth services: Zoom, Google Duo, FaceTime, and Google Meet.

R9-10-1008. Patient Rights

A. An administrator shall ensure that:

1. The requirements in subsection (B) and the patient rights in subsection (C) are conspicuously posted on the premises.
2. At the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (C).
3. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient, which include:
    a. How and when a patient or the patient's representative is informed of patient rights in subsection (C); and
    b. Where patient rights are posted as required in subsection (A)(1).

B. An administrator shall ensure that:

1. A patient is treated with dignity, respect, and consideration;
2. A patient is not subjected to:
    a. Abuse; b. Neglect; c. Exploitation; d. Coercion; e. Manipulation; f. Sexual abuse; g. Sexual assault; h. Except as allowed in R9-10-1012(B), restraint or seclusion; i. Retaliation for submitting a complaint to the Department or another entity; or j. Misappropriation of personal and private property by an outpatient treatment center's personnel member, employee, volunteer, or student; and
3. A patient or the patient's representative:
    a. Except in an emergency, either consents to or refuses treatment:
    b. May refuse or withdraw consent for treatment before treatment is initiated;
    c. Except in an emergency, the patient is informed of alternatives to a proposed psychotropic medication or surgical procedure;
    d. Is informed of the following:
        i. The outpatient treatment center's policy on health care directives, and
        ii. The patient complaint process;
    e. Consents to photographs of the patient before a patient is photographed, except that a patient may be photographed when admitted to an outpatient treatment center for identification and administrative purposes; and
    f. Except as otherwise permitted by law, the patient provides written consent to the release of information in the patient's:
        i. Medical record, or
        ii. Financial records

C. A patient has the following rights:

1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
2. To receive treatment that supports and respects the patient's individuality, choices, strengths, and abilities;
3. To receive privacy in treatment and care for personal needs;
4. To review, upon written request, the patient's own medical record according to A.R.S. § 12-2293, 12-2294, and 12-2294.01;
5. To receive a referral to another health care institution if the outpatient treatment center is not authorized or not able to provide physical health services or behavioral health services needed by the patient;
6. To participate or have the patient's representative participate in the development of, or decisions concerning, treatment;
7. To participate or refuse to participate in research or experimental treatment; and
8. To receive assistance from a family member, the patient's representative, or other individual in understanding, protecting, or exercising the patient's rights.

PATIENT GRIEVANCE

PROCEDURE:

1. Alveida Health Group must inform a client, upon admission, of his/her rights and how to use the grievance procedure. The client and his/her parent/guardian will be given a copy of the Client Bill of Rights as well as a sign-off for receiving the Rights and Grievance Procedure.
2. If a client feels that his/her rights have been violated, a grievance may be filed. Any other person who is aware of a possible violation of a client's right may file a grievance on behalf of the client.
3. If a grievance is brought on behalf of a client, the program administrator will meet with the client and the parent/guardian to determine if the client wishes to proceed with the grievance. If the client does not wish to have the grievance investigated and no compelling circumstances appear to exist, the administrator will note on the written copy of the grievance why there will be no investigation, and copies of the notation will be distributed to the client and the person filing the grievance on behalf of the client.
4. Forms for filing a grievance will be readily available at the Alveida Health Group Outpatient Clinic.
5. One cannot be threatened, discriminated against, or penalized in any way for filing a grievance or assisting someone with filing a grievance.
6. A client may, at any time before or following the grievance process, or at any time during it, choose to take the matter to court.
7. A client may choose the informal or formal procedure for dealing with the grievance. At any time during the resolution process, the process may be switched from a formal process to an informal one or from an informal process to a formal grievance.
8. The client may communicate orally, in writing, or by any alternative method in which they normally communicate with any staff member.
9. If the grievance is filed orally or through an alternative form of communication, the onsite administrator shall assist in putting it into writing. A copy of the written grievance shall then be given to the client and grievant.
10. The informal procedure involves the administrator informally discussing the situation with people or staff involved to try to resolve the problem. The informal process is optional and not a prerequisite before pursuing a formal grievance. The informal procedure includes:
    a. The on-site administrator and client will discuss the options available for resolution, which may include talking separately with the individual with whom one has a grievance regarding options for resolution.
    b. If a resolution is made, a report will be filed by the administrator, and a copy will go to each client, the treatment provider, and the program administrator.
11. If an informal resolution cannot be made, or if a client wishes to use the formal process, a formal investigation into the incident will begin. The objective of the formal procedure is to adequately address client concerns in a professional and expedient manner. The formal procedure includes:
    a. The program staff will notify the administrator of the grievance procedure.
    b. The administrator will meet with the client making the grievance and any staff member named in the grievance.
    c. The administrator will put the grievance in writing, distributing a copy to the client and the treatment provider with whom there is a grievance.
    d. If the facts are in dispute, the administrator will begin a formal investigation into the grievance. The investigation shall include questioning staff and reviewing records and charts, or any other means necessary to complete fact-finding.
    e. If the investigation requires access to confidential information, the administrator may need to obtain informed written consent from the client to access confidential treatment information. If accessed, the CRS will maintain the confidentiality of the information.
    f. If the administrator determines that a client or group of recipients is at risk of harm, and the program has not yet acted to eliminate the risk, she/he shall immediately inform the executive director and appropriate state authorities, the administrator, and the DQA Recipients' Rights Unit within OHS of the situation.
    g. The administrator will respond to the complaint within 48 to 72 hours and have the issue resolved within 15 to 30 business days of the complaint. The administrator will determine the disposition of the grievance.

h. The administrator will discuss the findings of the inquiry with the client filing a grievance and the treatment providerm which a grievance has been filed, to determine if the proposed resolution is acceptable to both parties.
i. The administrator shall prepare a written report describing the relevant facts, applying relevant laws and rules to the facts determining the disposition of the grievance, and copies will be given to the administrator, the client, and the grievant if other than the client, the parent or guardian of a client if that person's consent is required for treatment, and all relevant staff.
j. If the grievance is found, the report shall contain recommendations by the administrator for resolving the issue(s). If the grievance is determined to be unfounded, but the administrator has identified issues that appear to affect the quality of the program services or to result in significant interpersonal conflicts, the report by the administrator may include informal suggestions for improvements.
k. If there is disagreement over the report, the executive director shall prepare a written decision describing matters remaining in dispute, and stating the findings, determinations, or recommendations. The executive director's decision may affirm, modify, or reverse the administrator's findings, and the director's decision shall be given to the client/grievant, guardian, or parent, and provided to the staff who received a copy of the administrator's report.
l. The Executive Director's report will include a notice which explains how, where, and by whom a request for administrative review of the decision may be filed with the county or state, and the time limits for the request for such a review.

Please note the following time limits:

- A grievance must be filed either orally or in writing within 45 days of the event giving rise to the grievance, or of the time when the event or circumstance was actually discovered or should reasonably have been discovered, or of the client's gaining or regaining the ability to report the matter, whichever comes last.
- The staff taking the complaint must notify the program administrator and executive director as soon as possible, but not later than the end of the staff person's shift. In turn, the program administrator will also address the problem with the individual who has been filed against.
- If the grievance cannot be resolved through informal discussion, the administrator will begin the formal process of resolving the grievance within one (1) business day of the complaint in emergent situations or three (3) business days of the complaint for non-emergent situations.
- In both the formal and informal processes, a report must be submitted to the executive director within five (5) business days in emergent situations and thirty (30) days in non-emergent situations (unless the time limit is suspended while an informal resolution is attempted).
- The executive director's decision shall be made within five (5) days of receipt of reporting emergent situations and ten (10) days of receipt of the CRS report in non-emergent situations.
- If a client is unsatisfied with the findings and decision, she/he may request an administrative review first by the county and then by the state within 10 days of receiving the decision. To begin this process, a client needs to state the objection and may include a proposed solution, which should be submitted in writing to the administrator so that it can be forwarded to the appropriate party.

In cases concerning a complaint regarding the Facility:

1. To file a complaint with ADHS regarding the outpatient behavioral health clinic
    a. Via Phone: 602-364-3030 or
    b. Via Website: https://app.azdhs.gov/ls/online_complaint/onlinecomplaint.aspx or
    c. Division of Licensing

       150 N. 18th Avenue, Suite 450

       Phoenix, AZ 85007
2. Upon notification of the complaint against the facility, Alveida Health Group will have 15 days to respond in writing.