



# TERM Therapy Provider Telehealth Best Practice Resources

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## TERM Therapy Provider Checklist for Telehealth Services

If telehealth service delivery is being considered for this client, please confirm the following eight (8) components of a client's current circumstances are present along with the provider's resources and knowledge (all boxes checked in both client and provider domains) for telehealth service delivery to be considered appropriate. This document is for informational purposes only and does not constitute legal or treatment advice. Questions of this nature should be deferred to a provider's associated licensing board and professional organizations of membership.

Client Domain		Provider Domain	
1) The client has access to the necessary technological resources to engage meaningfully in telehealth service delivery, via audio/video in real-time. If not, CFWB or members of the client's support system can assist with providing the resources.	<input type="checkbox"/>	As the provider, I have the necessary technological resources to conduct sessions effectively and securely and can offer real-time interactions.	<input type="checkbox"/>
2) The client has consistent access to a safe, secure, and confidential setting by which they can engage in telehealth services. If not, CFWB or members of the client's support system can assist in providing the space.	<input type="checkbox"/>	As the provider, I have access to a safe, confidential, and secure location from which I will be conducting telehealth sessions.	<input type="checkbox"/>
3) The client is willing to be physically located in the same state in which the provider is licensed for each telehealth session.	<input type="checkbox"/>	As the provider, I am aware of the laws that regulate telehealth practice. I have ensured that I am implementing all necessary legal and ethical procedures as in onsite practice.	<input type="checkbox"/>
4) The client or caregiver, when appropriate, is willing to provide the client's full name and current address to the provider at the beginning of each telehealth session.	<input type="checkbox"/>	As the provider, I am aware of the ethical standards outlined for providers offering telehealth services.	<input type="checkbox"/>
5) The client can provide reasonable informed consent for telehealth services.	<input type="checkbox"/>	As the provider, I have a plan to gather client informed consent specific to telehealth services.	<input type="checkbox"/>
6) The client is considered reasonably able to engage meaningfully in telehealth sessions.	<input type="checkbox"/>	As the provider, I have the training and knowledge necessary to determine a client's appropriateness for telehealth services.	<input type="checkbox"/>
7) The client's current biopsychosocial circumstances indicate the client can safely and effectively engage in telehealth services. (See Clinical Considerations below)	<input type="checkbox"/>	As the provider, I have the training and knowledge necessary to ensure client safety needs and risk factors and clinical presentation can be adequately addressed in a telehealth setting.	<input type="checkbox"/>
8) The client's individualized needs can be appropriately supported through telehealth services.	<input type="checkbox"/>	As the provider, I have the training and knowledge necessary to ensure a client's individual needs will be suited for telehealth services.	<input type="checkbox"/>

**Clinical Considerations:** Below are some examples of clinical considerations that MAY indicate in-person service delivery should at least be considered and, potentially, even prioritized. Each client's holistic psychosocial circumstances should be taken into consideration at the beginning of and throughout treatment when considering potential appropriateness of telehealth service delivery.

- Active suicidal ideation with plan, means, and intent
- Recent suicide attempts and/or gestures
- Un/Poorly treated symptoms of serious mental illness (SMI)
- Psychotic symptoms – especially paranoia and delusions
- High risk IPV dynamics (i.e., stalking, strangulation, intimidation with a firearm, threatened death)
- Clients at risk for requiring medically managed detoxification services related to substance use withdrawal management
- Medical complications or complex comorbidities (i.e., Seizure Disorders)
- Dissociative reactions to trauma triggering that interfere with treatment
- History of poor impulse control and/or behavioral dysregulation that could impede treatment delivered virtually
- Un/Poorly managed symptoms of eating disorders

**Clinical Considerations Related to Telehealth Treatment with Children and Youth:**

- Client age, cognitive capacity, developmental level and/or delays, literacy, cooperativeness with treatment, motor functioning, and/or speech and language capacities cannot be confidently supported through telehealth service delivery
- Client clinical presentation suggests in-person care may be more effective (e.g., attentional difficulties that may impede telehealth service delivery, dissociative reactions that may impede assessment and treatment delivered virtually, significant anger outbursts, anxiety symptoms associated with Selective Mutism and/or significant functional impairment due to Social Anxiety)
- Client preference for in-person service delivery
- Client is uncomfortable with technology and/or has had limited previous exposure to technology
- Proposed environment in which the child/youth would receive telehealth services is not conducive to telehealth service delivery (e.g., privacy concerns, inadequate lighting, inadequate space for all parties to be on camera, lack of access to cooperative and capable adult caregiver to aid with technology and enact emergency response plan, etc.)
- Lack of access to appropriate implements to effectively engage a child/youth in telehealth services (e.g., toys, drawing materials, play therapy objects when this modality is appropriate, etc.)
- Barriers exist to coordinating care for a child/youth that has multiple agencies involved in their lives
- A child/youth and/or the adult caregiver(s) they rely on are reluctant to discuss emergency procedures for telehealth services as part of the Informed Consent process
- Family and/or Conjoint treatment in which there is a history of interpersonal violence in the family and/or a volatile caregiver/parent. This is documented in the literature as a clear contraindication for telehealth service delivery

In keeping with best practices, please be aware that clients who are considered for telehealth for TERM therapy services should be continually monitored and assessed by their provider for appropriateness of service type. Providers should document the efficacy of all mental health interventions, any complications or barriers to treatment progress, and the decision-making and any actions taken to attempt to improve treatment response and minimize adverse effects. When barriers to effective engagement in telehealth cannot be resolved, a referral for in-person services should be pursued in consultation with the assigned Protective Services Worker (PSW).

# Telehealth Best Practices

## Reference Information for TERM Therapy Providers

### TERM Therapists Provide Telehealth Therapy Sessions Aligning with Best Practices When You...

#### **Conduct real-time audio/video telehealth therapy sessions**

- Interact with clients by use of telehealth technology that enables real-time exchanges

#### **Include telehealth specific considerations in your informed consent**

- Inform clients of the potential risks and limitations of receiving therapy via telehealth
  - Include reference to confidentiality, clinical limitations, potential disruption due to technological difficulties, data storage policies, procedures specific to telehealth, and the ability to respond to emergencies
- Explain that use of telehealth for therapy is voluntary and consent can be withdrawn at any time. Inform clients of the right to access therapy services in-person
- Educate clients about the differences of telehealth therapy and prepare them for what to expect
- Communicate expectations to clients related to their participation in telehealth sessions
  - (i.e., turning camera on unless technology or other clinical circumstances preclude this, being in a confidential and private location, agreement to be in the same state each session, willingness to identify physical location, limiting distractions, compliance with crisis management response plans)

#### **Maintain a professional environment that respects the client's privacy and confidentiality**

- Choose a confidential space, free from distractions, from which to host sessions
- Utilize secure and HIPAA compliant technology
- Ensure all phones and smart devices have monitoring functions disabled during the session
- Keep the area seen on camera neat, organized, and clear of distracting backgrounds
- Position yourself in a well-lit room and avoid windows in the background
- Alert clients to actions that may briefly occupy your attention that are outside of their view
  - (i.e., utilizing a second monitor, documenting concurrently, viewing available appointment times in your calendar)

#### **Abide by relevant legal and regulatory requirements when providing telehealth therapy**

- Provide telehealth therapy to clients physically located in jurisdictions in which you meet the requirements to lawfully provide services, in which you have a valid and current license or registration by your Professional Board, and where provision of telehealth is allowed
- Comply with HIPAA and 42 CFR part 2
- Receive necessary continuing education to meet regulatory requirements
  - (i.e., AB 1759 in CA)
- Obtain liability insurance in both the state where you practice and the state in which the client is receiving services at the time of the session
- Remain aware of and align with best practices and emerging research related to therapy delivered via telehealth

#### **Develop a plan with clients for troubleshooting technological issues**

- Allot time for basic orientation to the technological tools needed for each session

- Offer the client step-by-step instructions for how to participate in telehealth sessions
- Plan for what to do if the internet connection isn't fast enough or working properly
- Discuss who to contact for technical support
- Identify supportive adults that will aid children and youth with technology for sessions

**Document contact information for resources and emergency support in the client's area**

- Research relevant resources, including emergency services, in the client's geographic area
  - Remain aware that calling 911 will route to the caller's geographic area
  - Consider locating the phone number for emergency services in the client's area
- Enlist client input on resources to include when creating these documents
- Document reasonable efforts made to obtain contact information for relevant resources and emergency services in the client's geographic area

**Develop telehealth policies and collaborate with clients on crisis management response plans**

- Keep written protocols to outline steps for managing potential urgent/emergent situations
- Collaboratively discuss and develop crisis management response plans with clients
- Request emergency contact information for each client
- Discuss limits to confidentiality
- Incorporate safe and supportive people in the response plan, when appropriate
- Coordinate care with collateral supports, referring party, and other professionals involved

**Document telehealth therapy sessions**

- Obtain and document the client's full name and address of present location during each session
- Include a statement that the service was provided through telehealth
- Detail the therapist and client location during the service
- Reference any other parties that participated in the session
- Use appropriate coding and modifiers when submitting claims for telehealth sessions

**Assess client appropriateness for telehealth therapy during each session**

- Consider the client's current biopsychosocial situation
- Determine the client's interest for actively participating in telehealth therapy
- Identify any safety risk(s) that may impede safe and effective therapy via telehealth
- Verify the client's willingness to follow through with previously discussed client expectations

**Recommend in-person treatment to the client and PSW when indicated**

- Discuss your assessment and recommendations with clients when you have determined a client may be more appropriately supported with in-person therapy sessions
- Coordinate with the case-carrying PSW when a referral for in-person therapy is warranted

These best practice standards align with guidelines published by the American Psychological Association and the American Telemedicine Association as well as Optum and Child and Family Wellbeing Department telehealth requirements. Further, they reflect the advisement outlined by the Code of Ethics for each of the following professional associations: American Counseling Association, California Association of Marriage and Family Therapists, and the National Association of Social Workers. This document is for informational purposes only and does not constitute legal or treatment advice. Questions of this nature should be deferred to a provider's associated licensing board and professional organizations of membership.

## Telephonic / Audio Only Therapy Services

Audio only therapy is not considered a typical standard for the remote delivery of TERM therapy services. The facilitation of TERM therapy services delivered via telephonic or audio only engagement is a rare occurrence and is considered an exception to standard practice. When a client's TERM therapy services are funded via the client's Medi-Cal coverage, the services may be conducted via telephone/audio-only delivery when deemed clinically appropriate and:

- The client has expressed a preference for this mode of telehealth service provision, and this has been coordinated with the assigned PSW and/or
- The client has attested to lacking the necessary equipment or technological acumen to utilize synchronous video, and this has been coordinated with the assigned PSW

Outside of the circumstances cited above for clients receiving services funded via Medi-Cal, TERM providers offering therapy services via telehealth should strive to conduct all sessions via technological platforms that can accommodate real-time interactions with clients via both audio and video. The ability to engage clients with both audio and video interactions in real time aids therapists in many ways (i.e., assessment and observation of client nonverbal presentation, engagement, tracking how the client is responding to telehealth delivery of therapy services, determining if telehealth service delivery is the most advantageous format for the specific client, helping to ensure the best possible quality of the service is being rendered, etc.).

TERM providers are encouraged to troubleshoot any barriers to real-time engagement that offers both audio and video connection. However, occasions may arise in which a TERM therapist may decide to conduct an audio only session with a client. The following scenarios could prompt a provider to offer a limited number of audio only sessions.

- Permission has been given by the Protective Services Worker (PSW) for the TERM therapy provider to offer audio-only therapy sessions due to extenuating circumstances (i.e., pending technological needs, limited access to services due to client location, limited access to high-speed internet due to client location, etc.).
  - TERM therapy is forensic work and face to face contact via video is deemed an important expectation of treatment. This enables the provider to have an awareness of the client's location, ability to observe mental health status over time, monitor the quality of the video feed to ensure it is conducive to therapeutic work, observe whether other individuals may be in the room with the client, etc. Given this forensic context, audio only therapy is likely to only be considered appropriate in rare occurrences.
- Technological issues arise during a session that limit access to video interaction, though feasibility of continuing the session through audio only interaction remains intact.
  - Providers are encouraged to reference and employ industry best practices related to facilitating therapy sessions via telehealth, including establishing common practices for what the therapist and client will do in the event of disruption to sessions due to unforeseen technological difficulties.
  - Providers should consider maintaining the client's contact information up to date and outreach the client as needed to troubleshoot any issues and determine next steps, should technological challenges arise during a scheduled session.

A limited number of audio only sessions can be conducted due to technological challenges; however, a provider should work with the client and their support system, including the assigned PSW, to assess the client's technological equipment and comfortability utilizing technology to determine appropriateness for ongoing engagement in telehealth delivery of therapy services.

If the barriers to real-time audio and video engagement cannot be mitigated, the provider should discuss the concerns with the client, including that telehealth services are most conducive when both audio and video is available, and coordinate with the PSW.

If a TERM provider has conducted audio only telehealth sessions with a TERM-referred client, this should be documented on the associated Treatment Plan. The therapist should include the rationale for conducting the audio only session(s), any barriers that may exist related to the use of concurrent video functions during sessions, the plan(s) to resolve these obstacles, the client's involvement in the plan(s), and associated coordination with the PSW.

Use of concurrent audio and video functions during telehealth therapy aligns with best practices, including clinical and ethical considerations, and adheres to the standards outlined in Optum's Telehealth Requirements and Compliance Attestation Form (available for reference on the [Optum San Diego TERM Provider's page](#) under the 'Provider Services' tab). The above examples are not intended to constitute treatment advice nor offer an exhaustive list of potential circumstances that may contribute to audio only therapy sessions with TERM-referred clients. Providers should adhere to requirements of the licensee's licensing Board, follow best practices related to offering therapy via telehealth, and ensure they have access to current training and research related to this method of service delivery.

## TERM Therapy Provider Resource List for Telehealth Services

This resource list offers a non-exhaustive review of resources to assist with informing provider practice of mental health treatment delivered through telehealth. The list includes links to professional resources to support use of telehealth best practices in your work with TERM referred clients. This document, and the resources referenced within, are for informational purposes only and do not constitute legal or treatment advice. Questions related to clinical treatment and legal and/or ethical issues in the practice of telehealth should be deferred to a provider's associated licensing board and professional organizations of membership (links to many of these entities are included in this document).

### Technology Requirements

[California Telehealth Resource Center](#)

[National Consortium of Telehealth Resource Centers](#)

[Department of Health and Human Services Telehealth Resources](#)

[American Psychological Association's Technology Checklist for Provider's offering Telehealth Service Delivery](#)

[California Telehealth Resource Center's Equipment Selection Tool for Telehealth Service Delivery](#)

[California Association of Marriage and Family Therapists' Checklist for Providers Related to Provision of Telehealth Services in California](#)

[California Association of Marriage and Family Therapists' Website Article on HIPPA and Compliant Telehealth Platforms](#)

[California Association of Marriage and Family Therapists' Website Article Related to VoIP Considerations](#)

### Safe and Confidential Environment

[California Telehealth Resource Center](#)

[Interactive Map to identify Telehealth Access Points](#)

[American Psychological Association's Technology Checklist for Provider's offering Telehealth Service Delivery](#)

[California Association of Marriage and Family Therapists' FAQs on Telehealth Service Delivery for Providers](#)

[Board of Behavioral Sciences Frequently Asked Questions for Telehealth](#)



[American Telemedicine Association Practice Guidelines for Telemental Health with Children and Adolescents](#)

## **Legal and Ethical Codes – Minimum Standards**

[California Telehealth Statute](#)

[BBS Regulations on Standards of Practice for Telehealth](#)

[Optum TERM Provider Telehealth Attestation](#)

[American Association of Marriage and Family Therapy's Link to State Specific Licensing Boards](#)

[American Counseling Association's Link to State Specific Licensing Boards](#)

[Association of Social Work Licensing Boards](#)

[BBS Guidance on Requirements for Licensees to Obtain CEUs to provide Telehealth Services](#)

[BBS Site to Identify Qualified Sources for Continuing Education Requirements](#)

[California Association of Marriage and Family Therapists' Telehealth Resource Center](#)

[Center for Connected Health Policy Telehealth Policy Resource Center](#)

[Board of Behavioral Sciences Frequently Asked Questions for Telehealth](#)

[California Association of Marriage and Family Therapists' General Overview of Changes to Telehealth Services Following PHE](#)

[Section 6 in CAMFT's Code of Ethics](#)

[Standards of Practice for Telehealth Regulation Advisory - California Board of Psychology](#)

## **Informed Consent**

[AHRQ's Easy-to-Understand Telehealth Consent Form](#)

[American Psychological Association's guidance on Informed Consent for Telehealth](#)

[American Psychological Association's input on Group Therapy offered via Telehealth](#)

[California Association of Marriage and Family Therapists' Sample Telehealth Consent Form](#)

[California Department of Health Care Services Model Telehealth Patient Consent Language](#)

## **Client Technological Fluency**

[American Psychiatric Association and The American Telemedicine Association Joint Release on Best Practices in Videoconferencing-Based Telemental Health](#)

[American Telemedicine Association Practice Guidelines for Telemental Health with Children and Adolescents](#)

[Mental Health Technology Transfer Center Network's Telehealth Clinical and Technical Considerations for Mental Health Providers](#)

[National Digital Inclusion Alliance Review of Client Technological Access and Fluency](#)

## **Safety Planning and Clinical Considerations**

[Counseling on Access to Lethal Means \(CALM\) Online Training](#)

[988 and Crisis Services](#)

[San Diego's Access and Crisis Line](#)

[Stanley-Brown Safety Plan](#)

[Zero Suicide's Guidance for Safety Planning Via Telehealth](#)

[Optum San Diego IPV Victim Group Safety Plan Guidelines](#)

[National Library of Medicine Sample Safety Plan for IPV Survivors](#)

[Optum San Diego IPV Safety Plan Samples](#)

[IPV Victim Safety Plan - Spanish](#)

[Telehealth Treatment Considerations for Pediatric Anxiety Disorders](#)

[Telehealth Treatment Considerations for Child Trauma Treatment](#)

## **Individualized Client Factors**

[National Digital Inclusion Alliance Review of Client Technological Access and Fluency](#)

[Cultural Implications for Psychiatric Telehealth Service – Journal of Transcultural Nursing](#)

[Quality Interactions' Considerations for Culturally Competent Care in Telemedicine](#)

[American Telemedicine Association Practice Guidelines for Telemental Health with Children and Adolescents](#)

[Telehealth Treatment Considerations for Pediatric Anxiety Disorders](#)

[Harborview Behavioral Health Institute's TeleMental Health Practice Guides for Infancy to Young Adults](#)

[California Department of Health Care Services Telehealth FAQ Site](#)

### **Best Practices**

[American Psychiatric Association and The American Telemedicine Association Joint Release on Best Practices in Videoconferencing-Based Telemental Health](#)

[American Telemedicine Association Practice Guidelines for Telemental Health with Children and Adolescents](#)

[International Journal of Child Abuse and Neglect Article on Child Trauma Treatment Via Telehealth](#)

[Considerations for Conducting Telemental Health with Children and Adolescents - Article](#)

[Mental Health Technology Transfer Center Network's Telehealth Clinical and Technical Considerations for Mental Health Providers](#)

### **Additional Training & Resources**

[American Psychological Association Continuing Education Courses specific to Telehealth](#)

[American Counseling Association Telehealth Resources and Guidance](#)

[SAMHSA's SMI Advisor Digital Application](#)

[Storehouse of Mobile Applications Developed for Mental and Emotional Wellbeing](#)

[Department of Veteran's Affairs Mobile Applications for Healthcare Providers](#)

[University of Washington's Free Online Telebehavioral Health Trainings](#)

[California Association of Marriage and Family Therapists' Telehealth Resource Center](#)

[California Association of Marriage and Family Therapists' On-Demand Training for Key Legal and Ethical Issues in Telehealth](#)

[American Psychological Association's Best Practices for Telepsychology Training](#)

[Department of Veteran Affairs Online Training – PTSD Treatment Via Telemental Health Technology](#)

[SAMHSA Guide for Telehealth Treatment of Serious Mental Illness and Substance Use Disorders](#)

[SAMHSA Guide for Using Technology-Based Therapeutic Tools in Behavioral Health Services](#)

[American Telemedicine Association's Glossary of Telehealth Definitions](#)