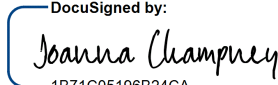


POLICY AND PROCEDURE

<u>POLICY TITLE:</u> Guidelines for Use of Telehealth by ACT Teams	<u>POLICY #:</u> DSAMH056
<u>PREPARED BY:</u> PROMISE	<u>DATE ISSUED:</u> 08/30/2023
<u>RELATED POLICIES:</u> DSAMH040 Telemedicine Requirements	<u>REFERENCE:</u>
<u>DATES REVIEWED:</u> 08/30/2023 07/17/2024 06/23/2025	<u>DATES REVISED:</u> 08/23/2023 07/10/2024 06/11/2025
<u>APPROVED BY:</u>  <u>DATE APPROVED:</u> 7/9/2025 6:59 AM PDT	<u>NOTES:</u> <input type="checkbox"/> DSAMH Internal Policy <input type="checkbox"/> DSAMH Operated Program <input type="checkbox"/> DSAMH State Providers <input type="checkbox"/> Delaware Psychiatric Center <input checked="" type="checkbox"/> Targeted Use Policy (Defined in scope)

I. PURPOSE:

The purpose of this policy is to establish processes and guidelines for use of telehealth by prescribers and master's level clinicians in organizations providing ACT, ICM, or ACT Plus services. All other services must be provided face-to-face by the team.

II. POLICY STATEMENT:

It is the policy of the Division of Substance Abuse and Mental Health (DSAMH) to require that all DSAMH-contracted service providers adhere to the guidelines set forth in this policy regarding the utilization of telehealth services. This policy applies to providers contracted by DSAMH to provide ACT, ICM, or ACT Plus.

III. DEFINITIONS:

"ACT" means a multidisciplinary team that provides support to individuals with severe and persistent mental illness, who may also have co-occurring disorders, and are living in the community. The team has the responsibility to be knowledgeable about the individual's life, circumstances, and goals. Based on this information, the team collaborates with the individual to develop the treatment plans and to ensure that changes are made as an individual's needs change. The team advocates for the individual's wishes, rights, and preferences in all life domains.

“ACT Plus” means a multidisciplinary team who provides support to individuals with severe and persistent mental illness, who may also have co-occurring disorders, and are living in the community. ACT Plus services incorporate highly individualized interventions that are fully recovery-oriented and based on the unique needs of each person enrolled. The program provides and assists beneficiaries in obtaining supplemental services to implement a specialized plan for beneficiaries to meet their individual needs. ACT Plus is designed to achieve flexible, individualized, but measurable, care for adults with serious mental illness, while allowing the ACT Plus Teams significant authority and flexibility for designing services.

“ICM” means a multidisciplinary team who together have a range of clinical and rehabilitation skills and expertise. The ICM team members, including the prescriber, work collaboratively with the individual and their family and/or natural supports in the community. The ICM team serves individuals referred from office-based outpatient care, requiring a higher level of support; as well as individuals referred from Assertive Community Treatment (ACT) services who are ready for a lower level of care.

“PROMISE” means Promoting Optimal Mental Health for Individuals through Supports and Empowerment. PROMISE is a comprehensive individualized behavioral health program for adults 18 and over, designed to provide specialized-recovery oriented services for this specific population.

“Telehealth” means the use of information and communications technologies consisting of telephones, remote patient monitoring devices, or other electronic means which support clinical health care, provider consultation, patient, and professional health-related education, public health, health administration, and other services as described in regulations.

“TMACT” means the Tool for the Measurement of ACT. This is the tool used to measure fidelity to ACT standards, developed by the University of North Carolina and used nationally with the compliance reviews of ACT teams.

“Vital signs” means the measurement of blood pressure, heart rate, respiration rate, temperature, height, and weight.

IV. SCOPE: This policy applies to any provider that has contracted with DSAMH to provide ACT, ICM, or ACT Plus services.

V. PROCEDURES/RESPONSIBILITIES:

- A. As provider teams engage with individuals in the community with the highest level of need, the expectation is that beneficiaries are seen primarily in-person in the community. As such, telehealth should be used sparingly. Per the ACT fidelity measurements of TMACT, only face-to-face contacts shall be counted toward the intensity of service score.
- B. The provider team must develop a telehealth agreement to be signed by the beneficiary and either the prescriber or the master’s level clinician depending on the telehealth service. If the beneficiary receives both allowable telehealth services, there must be separate copies signed for each service. If the beneficiary wishes to resume services face-to-face at any time, the provider team must accommodate this request immediately.

1. An agreement to the use of telehealth must be signed in the beneficiary EHR and the beneficiary must verbally agree at the time of each contact.
 2. All telehealth progress notes shall document that the beneficiary was seen via telehealth, the beneficiary's identity was confirmed via two identifiers at the time of each service, such as name and date of birth, and the note must indicate that video and voice communication was used.
- C. Per DSAMH, the use of telehealth by prescribers must include the following requirements:
1. If appointments with the prescribers are only being provided through telehealth, the team must ensure that all vital signs are being recorded and provided to the prescribers by the team's nursing staff at least monthly.
 2. Prescribers must document all lab orders and the review of the lab work when lab work is required.
 3. Audio and video communication shall be used during every telehealth visit. Audio-only calls should be used only in rare instances when beneficiaries do not have access to video.
- D. Requests for use of telehealth for therapy will be reviewed and approvals will be determined on a case-by-case basis. The following process must be adhered to for requests and approvals for use of telehealth:
1. Need for telehealth therapy must be clearly documented, including goals and frequency of sessions.
 2. Teams should demonstrate via progress notes that at least three documented attempts to engage the beneficiary via in-person therapy have been made. Notes should also include reasons the beneficiary is not willing to participate via in-person sessions, their agreement to telehealth therapy, and the benefit to the beneficiary to have this arrangement. Information submitted will be reviewed and corroborated with the beneficiary by their PROMISE Care Manager.
 3. Requests for telehealth usage for therapy need to be pre-approved by the assigned PROMISE Care Manager or Clinical Services Administrator and approvals will be documented in the beneficiary's electronic health record (EHR).
 4. Audio and video communication shall be used during every telehealth visit. Audio-only calls should be used only in rare instances when beneficiaries do not have access to video.
 5. Once approved, recovery plans for both PROMISE and the provider need to be updated to include the use of telehealth therapy services.
 6. The use of telehealth services must be recertified by the provider team and PROMISE annually in the beneficiary's recovery plan.
- VI. **POLICY LIFESPAN:** This policy will be reviewed annually from date of issuance. This policy does not replace any requirements in Delaware State Code. Policy may require revision periodically beyond annual review if State and/or federal regulations are updated.
- VII. **RESOURCES:** N/A