

	DIVISION OF CHILD AND FAMILY SERVICES STATEWIDE POLICY
SUBJECT:	TELEHEALTH TRAINING AND STAFF DEVELOPMENT
POLICY NUMBER:	
EFFECTIVE DATE:	
APPROVED BY:	
DATE:	
SUPERSEDES:	
APPROVED BY:	
DATE:	
REFERENCES:	
ATTACHMENTS:	Not Applicable

I. SUMMARY

This policy provides training guidelines for DCFS staff providing telehealth/teletherapy services that will be safe, confidential, and efficient and will meet or exceed the quality of care provided in an in-person setting. This policy shall be reviewed annually by DCFS Staff and revised as needed.

II. PROCEDURES

- A. Division of Child and Family Services shall develop a new hire orientation program that properly introduces the operations of the agency regarding telehealth and expectations of the new employee.
- B. The agency shall ensure that each employee who comes into direct or indirect contact with children, youth and families in the agency receives training within 30 days after employment and annually thereafter.

III. TRAINING PLAN

- A. Division of Child and Family Services, Site Supervisor of designee shall develop a well-organized curriculum with subject content that is evidence-based. The course material shall include literature that is effective in improving the employees’ knowledge and skills about telehealth and supports their professional growth.
- B. At a minimum, the learning standard shall include a wide range of learning objectives that reflects the mission and values of Division of Child and Family Services and telehealth services.

IV. TRAINING

- A. Training must include, without limitation, instruction concerning:
1. Creating or identifying an appropriate meeting environment.
 2. Proper use of telehealth equipment and technology.
 3. Proper documentation of services provided.
 4. Billing information.
 5. Effective communication techniques.
 6. Child/Youth/Family confidentiality: DCFS Staff will comply with confidentiality laws and Health Insurance Portability and Accountability Act (HIPAA) and applicable Medicaid Chapters
 7. Nevada Licensing Boards: Require that licensed clinicians follow all regulations for practicing under their license no matter the means of communication used.
 8. Understanding Standards of Practice (see below).
 9. How to respond to emergencies: Identify emergency resources in the child/youth/family's area; have a backup plan in the event of a technology breakdown.
 10. Suicide awareness and prevention training: DCFS Staff will comply with requirements set forth by DCFS and the individual licensing boards.
 11. Reporting abuse and neglect; (NRS 432B, NRS 432.020),
 12. Duty to Warn; NRS 629.550.
 13. Applicable state and federal constitutional and statutory rights of child/youth/family.
 14. Policies and procedures concerning other matters affecting the health, welfare, safety and civil and other rights of children receiving treatment services.
 15. Language difference: non-English speaking, hearing impaired. Interpreters must be "qualified" to ensure effective communication.
 16. Such other matters as required by Medicaid Chapters.
 17. System of Care.
 18. Culturally and Linguistically Appropriate Services.
 19. How to modify treatment techniques/interventions to deliver services virtually
 20. Equipment Training.

V. STANDARDS OF PRACTICE

- A. Services provided via telehealth must fall within the scope of practice of the rendering provider and must be clinically appropriate for delivery via Telehealth. These services can include office visits, consultations, assessments, etc.
- B. Supervision through synchronous or asynchronous two-way electronic communication by telephone, videoconferencing, or telecommunication system for the purpose of evaluating the supervisee's performance, ensuring legal and ethical standards within the bounds of Medicaid Manual Chapters.
- C. HIPAA Security, Web Maintenance, and Encryption Requirements. Videoconferencing applications must have appropriate verification, confidentiality, and security parameters necessary to be properly utilized for this purpose. This includes personal computers if used for telehealth services.

Follow Federal law mandates for remote interpreting Video Remote Interpreting connections.

GLOSSARY OF TERMS

As used in this document, the following definitions apply:

Asynchronous: The transmission of the child/youth/family's clinical information from an originating site to the treatment provider at a distant site without the presence of the child/youth/family.

Distant Site: Where the DCFS provider is located while providing services via secure telecommunication system.

Encryption: A mathematical process that converts text, video, or audio streams into a scrambled, unreadable format when transmitted over the internet.

Health Insurance Portability and Accountability Act of 1996 (HIPAA): A federal law that required the creation of national standards to protect sensitive patient health information from being disclosed without the patient's consent or knowledge.

Interpreter: A person who is able to interpret effectively, accurately, and impartially, both receptively and expressively.

Learning Standards: A written description of educational objectives, organized by topic, that enhances the learner's training achievement.

Literature: The written expression dealing with a training subject.

Office of Civil Rights: Office for Civil Rights (OCR) enforces federal civil rights laws, conscience and religious freedom laws, the Health Insurance Portability and Accountability Act (HIPAA), Privacy, Security, and Breach Notification Rules, and the Patient Safety Act and Rule, which together protect citizen's fundamental rights of nondiscrimination, conscience, religious freedom, and health information privacy.

Synchronous interaction: A real-time interaction between a child/youth/family and treatment/health care provider located at a distant site.

Telehealth: Telehealth is the distribution of health-related services and information via electronic information and telecommunication technologies. It allows long-distance patient and clinician contact, care, advice, reminders, education, intervention, monitoring, and remote admissions.

Telesupervision: The practice of supervision by a supervisor through synchronous or asynchronous two-way electronic communication by telephone, videoconferencing, texting, or telecommunication system for the purpose of evaluating the supervisee's performance, ensuring legal and ethical standards within the bounds of Medicaid Manual Chapters.

Training Curriculum: Educational contexts with structured learning materials.

Virtual relationship: A relationship where people are not physically present but communicate using online, or other electronic communication device.