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Division of Child and Family Services
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DCFS Telehealth Services Training

Presented by: DCFS program supervisor or designee.

Purpose: To provide DCFS program staff with meaningful guidance on current standards for telehealth practice and how to conduct a telehealth encounter.

Covered Training Topics:

1. Appropriateness of telehealth
2. Billing issues
3. Child/Youth/ Family confidentiality
4. Conducting a telehealth session
5. Definition of terms
6. Duty to warn
7. Informed consent
8. Nevada licensing board requirements
9. Office/home space
10. Other requirements (System of Care, Suicide Awareness and Prevention, Cultural Awareness, Cultural and Linguistic Services etc.)
11. Proper documentation of services provided
12. Reporting abuse and neglect
13. Telehealth equipment and technology
14. Understanding standards of practice
15. How to deliver services effectively via information and communication technologies - including:
 - Human factors (strategies for communication with person served, lighting, staying in camera frame, etc.)
 - Crisis response procedures- identifying and assessing the situation, implementing a response, reporting, and following up on the situation.
 - Assessment of risk factors in the environment of the person served.
 - How to modify treatment techniques/interventions to deliver services virtually.
16. Equipment used in service delivery, including hardware and software:
 - Features

- Set up
- Use
- Maintenance
- Safety considerations
- Infection control (specifically- sanitizing equipment that touches any part of the body between each use, instructing the person served/family about minimizing risks of shared equipment- hand hygiene, coughing/sneezing)
- Trouble shooting

Method: The presenter will move through the following:

1. Instruction and training will be provided to the person served, members of the family/support system and others, in all the above areas while creating an appropriate environment to receive the services.
2. Training handout
3. Practice accessing telehealth system.

Appropriateness of Telehealth:

Technology-based assessments and interventions are important therapeutic tools that DCFS Staff can integrate into their work with child/youth/family. The use of these resources requires a carefully planned response by treatment programs targeting behavioral health. In addition to staff development and training, this response needs to address the contexts in which those resources will be most useful, the benefits and risks of using them, and methods for preparing child/youth/family to accept and use these resources.

- Clinical judgment, and not merely the existence of a given technology, should guide the application of technology in clinical contexts. The use of technology warrants the same considerations as traditional care, such as being sure the child/youth/family is benefiting from its incorporation into treatment, considering how and when to terminate its use in the context of the child/youth/family 's best interests, and monitoring the treatment process to note whether any modifications to the technology will be necessary.
- Practitioners should use technological solutions only within their realm of professional competence and scope of practice.
- The way technology-based tools are used may differ across populations.
- The limitations of telehealth compared to face-to-face sessions and how these differences may affect the therapy process.

Understanding Standards of Practice

- 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.
- Supervision can be provided 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.
- 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.

- Federal law mandates that remote interpreting Video Remote Interpreting connections must include:
 - Real-time, full-motion video and audio over a dedicated high-speed, wide-bandwidth video connection or wireless connection that delivers high-quality video images that do not produce lags, choppy, blurry, or grainy images, or irregular pauses in communication.
 - A sharply delineated image that is large enough to display the interpreter's face, arms, hands, and fingers, and the participating individual's face, arms, hands, and fingers, regardless of his or her body position.
 - A clear, audible transmission of voices.
 - Adequate training to users of the technology and other involved individuals so that they may quickly and efficiently set up and operate the Video Remote Interpreting.
 - Telehealth providers must ensure that in each state where the service is provided, the interpreters are appropriately licensed to work in that state.
 - National Association of the Deaf (NAD) provides guidelines. [Video Remote Interpreting Guidelines for Health Care](#)

Informed Consent:

Prior to the first telehealth session the child/youth/family needs to consent to this type of service delivery. Each DCFS program will utilize their own consent form. The child/youth/family should be informed of the structure of telehealth to include, but not limited to, scheduling, time of sessions, privacy, potential risks, confidentiality, mandatory reporting. The information must be provided in a language that is easy to understand by the child/youth/family.

Child/Youth/Family Confidentiality:

The DCFS staff must meet or exceed Federal and State requirements of health information privacy including HIPAA. DCFS staff needs to inform the child/youth/family of the limits to confidentiality. It's important to inform child/youth/family of the risk that confidential data that could be potentially exposed during the service of delivery. Assure child/youth/family that the same rules of confidentiality apply in the office for face-to-face session or telehealth.

*** Telehealth sessions will **NOT** be audio or video recorded at any time.

Nevada Licensing Boards Requirements:

Nevada licensing boards require that DCFS staff follow all regulations for practicing under their license no matter the means of communication used.

Suicide Awareness and Prevention:

Suicide awareness and prevention training: DCFS Staff working will comply with requirements set forth by their supervisors and licensing board requirements.

Reporting Abuse and Neglect:

Any mandated reporter who has knowledge of or observes a child, in his or her professional capacity or within the scope of his or her employment, whom he or she knows or reasonably suspects has been the victim of child abuse or neglect must report the incident to a designated agency immediately, or as soon as practically possible, by telephone and prepare to send a written report thereof within 24 hours of receiving the information concerning the incident. (NRS432B.220 (1) (b)).

Knowingly or willfully failing to report may result in a misdemeanor for the first offense and a gross misdemeanor for each subsequent offense. In addition, failure to report abuse and or neglect may also result in a loss or suspension of licensure by your credentialing board. As an employee of the State of Nevada, failure to report may result in disciplinary action up to termination. Please refer to DCFS Policy 2.30 for more information about reporting abuse and neglect.

The phone numbers below are provided for reporting child abuse and neglect.

Clark County 702-399-0081
Washoe County 775-785-8600
Rural Nevada 1-800-992-5757

Duty to Warn (NRS 629.550):

It is the duty of mental health professionals to apply for emergency admission to a mental health facility of a patient who communicates certain threats or to make a reasonable effort to timely communicate threats to certain persons, civil or criminal liability or disciplinary action.

Other Requirements:

- Applicable state and federal constitutional and statutory rights of child/youth/family.
- Policies and procedures concerning other matters affecting the health, welfare, safety and civil and other rights of children receiving treatment services.
- Such other matters as required by Medicaid Manual Chapters.

In compliance with Title VI of the Civil Rights Act of 1964, DCFS does not discriminate based on race, color, national origin, disability, age, sex, and religion. (NRS 449.103 and NRS 630)

DCFS staffs need to be aware of the differences of culture, racial, and ethnic background from their own. The DCFS staff should be aware of the limitations of telehealth in terms of seeing non-verbal cues and develop appropriate techniques to adapt to the child/youth/family. DCFS staff must consider a qualified interpreter(s) for child/youth/family s that have limited English proficiency, are non-English speaking and/or hearing impaired. DCFS Policy CRR-5 states in part that an interpreter must be qualified to ensure effective communication. Please refer to this policy for more information.

The DCFS staff should have some prior training in cultural competency/sensitive/awareness before providing telehealth services. It is important that the DCFS staff can recognize the child/youth/family perspectives of telehealth services may differ from their own. DCFS System of Care unit is able to provide this training if applicable.

DCFS staffs need to be aware of their own assumptions, projections, and cultural biases. When in doubt, you may want to consult with your supervisor or a colleague from the same culture or attend a training or workshop.

Office/Home Space:

- **Privacy:** Select a space for your online therapy sessions that is private and free of distractions. You want to make sure that no one else can hear the conversation between you and your child/youth/family. Protect your own privacy by removing personal pictures or items from the background and checking your workspace on screen.

- **Noise Level:** Ensure that there are no noises that could be distracting to you or the child/youth/family during your session. This includes doorbells, noises from outside, TVs, radios, and other conversations.
- **Visual Distractions:** Be aware of what will be seen around you when you switch on your camera, including any personal items. The background in the camera should be clean and free of all clutter. At home we recommend having a neutral-colored wall, so it does not distract your child/youth/family.
- **Lighting:** Try to maintain a consistent light source throughout your online therapy session. Avoid having light sources behind you as this can cause your face to be shadowed. Make sure your face is fully lit and in the frame during your session. At home we recommend placing lights around the room or ensuring you have good natural light in your space. Try to keep windows and curtains closed if they are behind you, both to ensure you have consistent lighting and also to protect the privacy of the child/youth/family.
- **Clothing:** At home or in the office, dressing professionally during your telehealth sessions is important. Wear clothing that is in contrast with your background but try to avoid patterns because they can be visually distracting and cause eye strain for your child/youth/family.

Telehealth Equipment and Technology:

Introduction to equipment and technology needed. Ensure child/youth/family can access any technology being used BEFORE the session.

- Microphone: mute/unmute. Note that the microphone will pick up noises such as clicking pens and shuffling paper.
- Headphones/speakers: volume controls
- Camera: video on/off; positioning, lighting
- Platform used and how to use available features.

Technology breakdown protocols: In the event of a technology breakdown causing disruption of the session, your supervisor must be notified. Your supervisor will advise you on the agency or specific site backup plan. The plan shall be communicated to the child/youth/family prior to the therapy session. It is a good idea to ensure electronic links are working properly prior to the session. If you discover you are having technology breakdowns, you need to inform your supervisor and/or contact the DCFS helpdesk at 775-687-9010.

Conducting a Telehealth Session:

In the event of a technology breakdown causing disruption of the session, the DCFS staff must notify their supervisor.

Preparing for a session:

- Plan ways to be sure you are not disturbed and prepare your environment.
- Silence your phone.
- Make sure a clock is visible.
- Minimize all of your computer programs (e-mail, chat) and log onto your telehealth platform.

- Adjust your microphone and camera. The camera should be approximately eye-level, so you have good eye contact, and not too close or far away.
- Invite your child/youth/family into your virtual session.

Verify the identity of the child/youth/family:

Take steps to verify the location and identify the child/youth/family. Document location of the youth/family in documentation note for the session/service note in Avatar. Check on their circumstances/environment are they is a place where they can speak freely. If the child/youth/family does not feel they can speak freely and communicate this information to the DCFS staff, a confidential environment must be identified and maintained.

Effective communication techniques:

- **Establish a DCFS staff-child/youth/family relationship:** Provide the child/youth/family with a brief history of your clinical experience. Help the child/youth/family to feel comfortable about telehealth services. Let them know if you will be taking notes.
- **Eye contact:** Maintaining eye contact during your online sessions is imperative. You want your child/youth/family to feel as if they have your full attention. Avoid doing other work, looking at other screens, or taking notes for long periods of time. It can be distracting, and even uncomfortable, for your child/youth/family s if they see you constantly looking away. Be mindful of your eye contact and explain to your child/youth/family s why you are looking away when it is necessary.
- **Establish (and re-establish) boundaries:** Professional boundaries should be established regarding appropriate uses of electronic devices for the purpose of telehealth. Child/youth/family s may feel a stronger sense of intimacy receiving treatment when providers are in their home space, and it is essential to reinforce professionalism and boundaries quickly and consistently to derail any expectations of a more social and less formal relationship. During sessions, providers can model appropriate behaviors and language, reinforce boundaries, and maximize professionalism.
- **Communicate guidelines and expectations:** Expectations include being in a space free of distractions so as to speak freely and not be disturbed, wearing appropriate clothing as if they are attending in person. Child/youth/family s should still adhere to cancellation and rescheduling policies, and the types of interactions and what is permissible remain in effect.
- **Check in with patients about using telehealth:** Find out where the trouble areas are for them and make changes where necessary. Check in during the visit and afterwards. Did they struggle with this type of communication? Could you switch to a different application? Are there tests you could do beforehand to check their internet or phone connection if that is a trouble area?

Handling Online Emergencies:

At the onset of the delivery of teletherapy services, DCFS staff shall make reasonable effort to identify and learn how to access relevant and appropriate emergency resources in the child/youth family's local area, such as emergency response contacts, support person. In the event of a crisis, the DCFS staff shall have clear written instructions as to what appropriate action steps should be implemented as part of the emergency planning,

including notifying a supervisor and clear detailed documentation of the emergency event if critical. All DCFS staff are required to notify your primary supervisor of the emergency event and the supervisor on duty at the time of the emergency, if primary supervisor is not available" sentence would read "All DCFS staff are required to notify their primary supervisor and the supervisor on duty at the time of the emergency if their primary supervisor is not available. "

Code words for privacy: Have quick and easy code words (coffee/water) or phrases for identifying if someone has entered their space and the child/youth/family cannot talk or needs to close out: Example: "I need a juice" or "I'm grabbing a glass of water" or the provider could ask "Do you need a juice?" if they are sharing their screen and need to blank out any documents.

Code words for emergency: Intimate partner and domestic violence organizations are advocating the use of code words when working with domestic violence survivors to identify that the perpetrator is in the room. One example shared is using the code word "Walmart." Example: "You've met with a child/youth/family and notice a behavior change or start the session with a conversation. If I was the DCFS Staff, I would ask, "Have you gone to Walmart today?" and the child/youth/family would say, "yes," or "no." If the child/youth/family responds yes, then you would know that the perpetrator is present in the room. If the child/youth/family responds no, then you know it's all clear. If the person is in the room, the next question could be, "did you find what you needed?" and if everything is okay, the answer would be yes. If the child/youth/family responds no, then the DCFS staff would know to possibly call 911, that the child/youth/family is not safe." Also consider creating a non-verbal sign that can be used, in the event a verbal alert cannot be given. See below for a sign that is being used currently as a signal for needing help.



Proper Documentation of Services Provided:

Continue maintaining an electronic record for each patient and document based on your interaction.

Billing Issues: The ability to bill for services rendered. Ensure that use of telehealth is documented in the note and that the service location is changed to telehealth in Avatar.

Other things to keep in mind:

- ✓ Encourage the child/youth/family to ask questions and express any concerns.

- ✓ Understand that some families may have different levels of knowledge and preferences when using electronic devices.

PRACTICE, PRACTICE, PRACTICE

*This concludes the telehealth training. If you have any questions that were not covered in this training, please reach out to your supervisor for additional information. **Thank you!***

DRAFT

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 DCFS Staff 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.