



**TENNESSEE DEPARTMENT OF MENTAL HEALTH
AND SUBSTANCE ABUSE SERVICES
OFFICE OF CRISIS SERVICES**



**TELECOMMUNICATION GUIDELINES
FOR TENNESSEE DEPARTMENT OF MENTAL HEALTH AND
SUBSTANCE ABUSE SERVICES DESIGNATED CRISIS SERVICES**

Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS)
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Overview of Telehealth Systems

The Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) conducted extensive review on the use of telehealth services. Based upon the findings, TDMHSAS believes telehealth is a viable option for access to behavioral health services and enhancing the efficiency of the crisis service delivery system.

Telehealth is the use of electronic information and telecommunication technologies to support clinical care between an individual with mental illness and/or substance abuse issues and a healthcare practitioner. The continued development of the Internet and recent reductions in the cost of technology to deliver this service have made telehealth a viable option for delivering behavioral health services to service recipients residing in rural and underserved geographic regions. As a cost-effective alternative to more traditional ways of providing behavioral health care, use of telehealth technology by providers can reduce transportation expenses, improve service recipient access to behavioral health providers, improve quality of care, and facilitate better communication between providers. Telehealth systems provide a live, interactive audio-video communication or videoconferencing connection between the individual in need of services and the crisis service delivery system.

The primary goals of the use of telehealth in the delivery of crisis services:

- 1) Enhance timely resolution of the crisis situation;
- 2) Improve efficiency in the psychiatric hospitalization process;
- 3) Reduce trauma related to unnecessary transport of an individual in psychiatric crisis;
- 4) Improve access to mental health professionals for emergency departments and jails; and
- 5) Reduce healthcare costs.

The following guidelines provide information related to the establishment and use of telehealth systems in the provision of crisis services. These guidelines are to be followed by providers using telehealth systems to render crisis related services funded in whole or in part by TDMHSAS.

Although there are general templates and guidelines for protocols, each telehealth provider should have its own protocol that is tailored to the environment, infrastructure and organizational configuration for that particular provider's location(s). These protocols should be as consistent as possible across various provider locations while adapting the protocols to address the realities of each individual provider's environment.

General Provisions

Crisis service providers may connect with a variety of community locations serving individuals with mental illness or substance abuse problems to help facilitate access to needed services. Locations may include emergency departments, jails, detention centers, and other similar locations. A telehealth connection to sites with a high volume of presentations will allow crisis providers to conduct face-to-face assessments to determine the need for emergency involuntary hospitalization, or alternatives as appropriate, more efficiently and cost effectively. These connections should improve the accessibility and timeliness of service disposition and allow improved utilization of crisis resources. Additionally, crisis providers shall seek telehealth connections with admitting psychiatric hospitals, starting with the Regional Mental Health Institutes (RMHIs). This will allow for an admitting psychiatric facility to determine the need for hospitalization prior to transporting an individual long distances.

Connectivity issues are one of the main concerns for compatibility of software and/or equipment. In order to avoid these issues, each provider should consult with the inpatient psychiatric facility, emergency departments, jails and/or other community providers to ensure that the provider software and equipment are compatible with existing community telehealth systems. It is expected that all crisis providers, at a minimum, be able to connect to the RMHI's.

As long as the community provider's telehealth system can connect with the State's RMHI and an agreement of acceptable quality is reached, the telehealth system chosen by each provider is considered acceptable. Telehealth connections to the RMHIs will only occur with the involvement of a TDMHSAS designated crisis service provider. Appointments for telehealth assessments will require that an identification (ID) number be provided by the crisis provider at the time the request for an appointment is made.

To determine if you can connect to the telehealth super highway, you must first arrange a connectivity test to a RMHI. Once connected to any one of the State RMHIs, the provider will be able to connect to all. After the crisis service provider has established a connection with a RMHI, the crisis provider service can begin establishing new connections to other interested admitting psychiatric hospitals for 2nd CON assessment and presentation points in the community for 1st CON assessments.

The IT Managers at each RMHI are as follows:

- . Middle Tennessee - Vic Hearne- 615-902-7446
- . Moccasin Bend - Mickey Williams- 423-785-3332
- . Western - Earl Bates- 731-228-2000
- . Memphis - John Hayden- 901-577-1906

Guidelines for services include but are not limited to the following:

A. EQUIPMENT

The major components include monitors, cameras, CODEC (coder/decoder), a desktop computer or laptop computer, microphones, speakers and other audiovisual interactive technologies such as videophones. Organizational policies and procedures should be developed and followed regarding equipment quality control standards. Providers should keep all telehealth equipment in good working condition and replace equipment as necessary to ensure clinical results are comparable to on-site face-to-face clinical results.

There must be procedures in place for dealing with equipment failure. Should failure occur, the site where the individual is physically located is responsible for attempting to reestablish an adequate audio-video connection. If this is not possible, then the provider at the site where the individual is physically located should telephone the community mental health site. In emergency situations, it is essential that there be personnel at the site with the individual receiving services to assist the individual in the event of equipment failure. Whenever possible, an IT professional should be on-site and available in case something technically goes wrong.

In case of equipment failure, procedures must be in place at the crisis provider agency to ensure prompt on-site face-to-face assessment and continuity of care (e.g., redundancy- 2nd computer set-up, if available, to do a "hot-switch" on the spot, conduct an on-site face-to-face assessment, conduct an in-home visit or go to the Emergency Room). The behavioral health professional that provides direct care through telehealth is responsible for ensuring appropriate options are available for the individual receiving services.

Special considerations for laptop use:

Laptop technology will allow crisis providers to connect to the admitting psychiatric inpatient facilities from the presentation point, without the need for transport to a remote telehealth site. **However**, the use of laptop technology presents special challenges that would not be an issue with stationary equipment and requires extra steps to ensure safety and security of the equipment.

The following **must** be considered with the use of laptop technology:

- The site must provide for the confidentiality of the assessment;
- The quality of the connection must provide adequate sound and image; and
- The individual must be able to be left alone with the equipment without the risk of injury to the individual or equipment.

Listed below are minimal specifications for the use of telecommunications for Crisis Services:

Audio

High quality microphones and speakers ensure effective audio communication and should be used in telehealth consultations to ensure accurate interpretation of the individual's and provider's spoken communication. High-quality audio is essential to the success of telehealth services, capturing the nuances of conversation that are often vital in making appropriate diagnoses. Microphone type and placement are extremely important, as are the acoustical properties of the room used. Most flat "conference-style" microphones are adequate to pick up sounds around a table or in a room, as long as the microphones are placed on a hard, flat surface at desk or table-top level. Many will also work well if placed on a flat wall at about head level for a seated person. If no flat surface is available, or if individuals are active or agitated, an omni-directional microphone can be hung from the center of the ceiling. "Quiet" rooms (those with carpeting, soft furniture, acoustical treatments, or other sound absorbing characteristics) allow for better intelligibility of transmitted speech.

Transmission Speed and Bandwidth

Transmission speed shall be the minimum necessary to allow the smooth and natural communication pace necessary for clinical encounters. Most telehealth programs use systems that transmit data at a minimum of 384 Kbps.

Image Storage, Retrieval and Transmission

- A. *Security:* The United States Health Insurance Portability and Accountability Act (HIPAA), Alcohol and Drug Confidentiality Regulations in 42 CFR, Part 2 and Tennessee privacy requirements shall be followed at all times to protect individual privacy. Network and software security protocols to protect privacy and confidentiality shall be developed as well as appropriate user accessibility and authentication protocols. Measures to safeguard data against intentional and unintentional corruption shall be in place during both storage and transmission.
- B. *Encryption:* Within the U.S., HIPAA requires that Electronic Protected Health Information is encrypted.
- C. *Resolution:* The resolution of the display monitor should match as closely as possible the resolution of the acquired image being displayed, or the originally acquired image resolution should be accessible using zoom and pan functions.
- D. *Interoperability:* Most telecommunications standards are established by the International Telecommunications Union (ITU), an agency of the United Nations. Equipment shall be based on these standards which allow successful conferencing regardless of platform or manufacturer. The ITU standards that shall be used comprise the H (video), G (audio) and T (data) series.

Video units the RMHIs of Tennessee have successfully connected to:

- Polycom VSX-7000 series

- Polycom VSX-8000 series
- Polycom HDX-7000
- Polycom HDX-8000
- Tandberg-Cisco 770MXP
- Tandberg-Cisco 880MXP
- Tandberg-Cisco 3000MXP
- Tandberg-Cisco 6000MXP
- Tandberg-Cisco Edge 95
- HD Web Cam with Cisco Jabber Video (MOVI)

B. Security

Steps must be taken to ensure the security of the equipment, such as keeping the equipment in a locked room with limited access and securing equipment while the individual is being evaluated to prevent injury and/or damage to the equipment. In addition, mobile networks should have secure username and password protections. Mobile units shall never be left unattended without restricting access by unintended users. When transmission of identifiable individual data is required, it should occur over secure networks or appropriate encryption protocols must be used.

C. Credentialing

Psychiatric inpatient facilities may require that staff performing crisis assessments, whether in person or via telehealth, be credentialed within their organization. If this is required, the crisis provider shall follow the protocols outlined by the psychiatric inpatient facility and/or its parent organization.

D. Privacy/Confidentiality

Service recipient privacy and confidentiality must be maintained at all times while receiving telehealth services, in accordance with, but not limited to, Tennessee Code Annotated Title 33, HIPAA standards and the Alcohol and Drug Confidentiality Regulations in 42 CFR, Part 2. This includes privacy provisions at the service recipient's location, as well as the location receiving the service recipient's information.

The physical location in which the telehealth assessment takes place should be one which provides the most privacy available. While this may sometimes be challenging, given that some locations may not be conducive to ensuring privacy, the professional doing the assessment must use his/her best judgment to determine whether the telehealth assessment setting is appropriate. Staff must be available at all times in close proximity to the room at the telehealth site in which the individual is being evaluated. Depending on the condition of the individual being evaluated via telehealth, staff may be needed in the room with the individual, particularly if the individual is impulsive. The determination of whether staff should be present in the room with the individual being evaluated shall be made jointly by the agency where the individual is located and staff at the community telehealth site. Significant concerns regarding whether the individual would be safe being alone in the room during the assessment may be an indicator that the assessment should be conducted in person, not by telehealth.

Privacy policies must be reviewed with the individual *before* beginning a telehealth assessment and the review shall be documented in his/her record.

- A) The individual will be informed that privacy policies contain standards that will protect the individual receiving services from being monitored through the video and/or through audio by unauthorized third parties without the individual's prior knowledge.
- B) The individual will be introduced to all persons involved in the assessment. The individual will be notified immediately if other personnel involved in the delivery of telehealth services, or other individuals as applicable, enter the transmitting and receptor sites during the assessment.
- C) The individual will be given the opportunity to request that the assessment be completed in person rather than by telehealth.

E. Right to Object

The individual being evaluated via telehealth must be informed of the process and given an opportunity to request an in-person face-to-face assessment **before** conducting a telehealth assessment. This should be documented in his/her record.

- A) Explanation of the process shall include a statement that services will not be withheld if the telehealth encounter is refused and the individual may terminate the telehealth assessment at any time.
- B) Documentation must contain a statement that the telehealth process was explained to the individual and whether or not an objection was raised.

F. Disclosing Information

It is essential that necessary information be shared between the agency requesting an assessment (if applicable), the medical facility (if applicable), crisis service provider and the admitting psychiatric facility (when indicated) to ensure seamless transition and continuity of care for the individual being served. Sharing information is authorized in T.C.A. §33-3-105. (See Appendix)

G. Physical Location

All telehealth sites shall ensure that telehealth equipment is located in a space conducive to a clinical environment and provides adequate comfort and privacy for the individual being evaluated. Both visual and audio privacy are important and placement and selection of the rooms used for conducting telehealth assessments should consider this. Proper lighting is required to keep shadows off the faces of the participants.

H. Licensure

All behavioral health professional licensure requirements are the same for telehealth as for on-site face-to-face services. However, licensing requirements vary from state to state thus if a professional is providing direct care services across state lines, the behavioral health professional must adhere to the requirements of each state's licensing authority.

I. Training

All professionals involved in telehealth assessments must be trained in how to use telehealth equipment properly and in accordance with the individual employer's organizational policies. Telehealth training procedures should include familiarity with the equipment, its operation and limitations, emergency backup procedures and means of safeguarding confidentiality and privacy at both the transmission and receptor sites. Each organization must have training for all personnel using telehealth to ensure competency prior to initial use. This training must be documented in the personnel records.

J. Inclusion/Exclusion Criteria

A determination must be made whether telehealth is a viable means of conducting the assessment based on the individual's behavior and psychiatric condition. If the individual's presenting condition is inappropriate for a telehealth assessment or if visual or sound quality is inadequate, the professional should proceed with an on-site, face-to-face assessment. Assessment of an individual via telehealth may not be viable if:

- The individual is too agitated to focus;
- The individual is violent, if the violence would potentially result in injury to staff or damage to equipment;
- The individual's delusional system would prevent him/her from engaging in the process; or
- The individual has an untreated acute medical condition.

Additional Considerations:

Transportation to a telehealth location is not necessary if:

- the ER already has a telehealth connection with the admitting psychiatric facility and a crisis service provider is on-site or if an on-site crisis service provider has a laptop connection with the admitting facility,
- the admitting psychiatric facility is located closer to the presenting location than the telehealth site,
- the telehealth location already has too many individuals to manage at once (thus the requirement to involve Walk-In Center (WIC) staff in the decision to choose telehealth).

K. Right to Terminate

For any reason and at any time during the process, the individual being evaluated via telehealth or the professional conducting the assessment (or other staff located where the individual is located) can request the assessment be terminated and be conducted on-site, face-to-face instead. Reasons might include but are not limited to: poor audio or visual quality, connectivity interruptions, and/or unstable mental health symptoms.

L. Service Records

Each telehealth encounter must be documented and information obtained during the telehealth encounter collected according to individual employer's organizational policy. The provider maintaining the record and

the location of the record (e.g.-receptor site, transmitter site) must be clearly stated in the organizational policy. If the record is kept at the site where the individual is physically located, then arrangements should be made to also have a copy of the record at the site of the treating crisis service provider. Privacy and confidentiality will apply to all sites where records are located. For optimal continuity of care, while adhering to the privacy and confidentiality laws, the site requesting the telehealth assessment should provide the necessary information from the record for staff to properly conduct the telehealth assessment.

Documentation must reflect that the assessment was conducted via telehealth, the names and roles of staff present during the telehealth assessment (if applicable), and whether staff were present with the individual at the telehealth site where the individual is located. If staff were present with the individual at the telehealth site, documentation should reflect their roles (such as admitting physician, emergency room staff, security staff), if known.

The record must comply with organizational standards and federal and state laws for documentation of crisis encounters. Documentation for a service rendered through telehealth should include, at a minimum, the same information as an on-site face-to-face contact. Additionally, it should include the following information:

- That the individual was informed of the telehealth process and confidentiality requirements;
- The location of the behavioral health personnel providing the service;
- The location of the service recipient (e.g. town, facility where physically located, etc.);
- Any malfunction that may have affected clinical assessment or care being rendered by telehealth, such as the quality of a transmission being poor and how this was addressed;
- A list of all personnel and others present during the telehealth services and their role(s) and
- The final outcome of the assessment.

The Certificate of Need (CON) may be transmitted electronically when indicated via encrypted email or other electronic transmission. It is recommended that admitting psychiatric facilities check with local court systems to determine whether electronic records will be accepted.

M. Use of Telehealth to Conduct a Crisis Assessment

1) General Considerations:

- a. The facility where the individual is located must call to schedule a time to conduct the telehealth assessment to ensure crisis staff availability. A Mandatory Pre-screening Agent should conduct the assessment if inpatient psychiatric hospitalization is likely.
- b. Assessment via telehealth should not be attempted without the support of staff present at the site where the individual is being evaluated if the individual being evaluated is: suicidal, homicidal, dissociative, having significant cognitive limitations including mental retardation, or acutely psychotic.
- c. The same criteria (e.g.-risk assessment, documentation, and response time) apply to crisis assessments via telehealth as to on-site face-to-face crisis assessments. (See Adult Mobile Crisis Grant Contract)
- d. Assessment of an individual via telehealth should not be attempted if there are technical problems with the telehealth equipment or connection or if the individual's psychiatric condition does not warrant a telehealth assessment.

- e. The individual being evaluated and the crisis staff conducting the assessment must be able to see and hear each other without delays or distortion and either may decide an in person face to face should be conducted.
- f. The site where the individual is located and the crisis staff involved in telehealth assessments must establish a procedure to be utilized in case an emergency situation develops during the telehealth assessment.

2) Prior to Initiating a Telehealth Assessment:

- a. The agency where the individual is located must contact crisis staff to verify availability to conduct the assessment **prior to** initiating a telehealth assessment.
- b. A discussion must occur between crisis staff and the agency where the individual is located regarding whether telehealth is a viable means of conducting the assessment, based on the individual's behavior and psychiatric condition.
- c. If either the agency where the individual is located or crisis staff determines that telehealth is **not** a viable means of conducting the assessment, crisis service provider shall dispatch staff to conduct the face-to-face assessment on site.
- d. If both agencies agree that the assessment can be conducted by telehealth, then the individual being evaluated must be given the choice to have the assessment via telehealth or on-site, in person.
- e. The agency requesting the telehealth assessment shall provide the following information, if available, to the crisis staff either verbally, via encrypted email or FAX. Additional information relative to the assessment may also be provided.
 - i. Basic information (individual's name, reason for assessment, date of birth, social security number, and insurance status) and whether the individual is considered medically stable and ready for a crisis assessment;
 - ii. Whether the individual has a durable power of attorney for health care that includes mental health care or a declaration for mental health treatment;
 - iii. Whether the individual is on mandatory outpatient treatment, if known;
 - iv. Any known medical conditions;
 - v. Current or recent prescription and over-the-counter medications, if any;
 - vi. Current or recent use of alcohol and/or other substance use, if any; and
 - vii. The name of the current or most recent community mental health provider, if known.
- f. Upon receiving the clinical and demographic information, crisis staff will call the agency where the individual is located to confirm that the information was received. The crisis staff will provide a time that he or she will be ready to begin the assessment via telehealth. The crisis staff

will inform the agency where the individual is located of any known delays (including technical problems or if other assessments are to be completed ahead of this one).

- g. The agency requesting the telehealth assessment must provide crisis staff with the name and phone number of a contact person at the site where the individual is located who is to be notified by crisis staff when the assessment has been completed or if it is interrupted. This contact person must be located in close proximity to the room in which the individual is being evaluated via telehealth and immediately accessible by phone during the assessment.
- h. After testing the telehealth equipment and connectivity, the community telehealth site and the site where the individual is located, the scheduled assessment can begin.

3) Conducting the Assessment via Telehealth:

- a. At the beginning of the telehealth assessment, the crisis staff shall explain the purpose of the assessment to the individual being evaluated (i.e., to determine service needs).
- b. The crisis staff shall inform the individual if other staff are present in the room where the telehealth equipment is located or enter the room at any point during the assessment.
- c. The telehealth assessment conducted by the crisis staff shall be identical to the assessment that would be conducted on-site, with the addition of the initial determination that assessment via telehealth is a viable option.
- d. All of the documentation required for crisis services for an on-site assessment is required for an assessment conducted via telehealth, regardless of whether the outcome of the assessment is to issue a Certificate of Need (CON) or not.
- e. If, during the telehealth assessment, it becomes obvious that the individual is not able to participate to the extent that the telehealth assessment cannot be completed, or if the individual being evaluated requests to terminate the telehealth assessment, the individual must be assessed in-person, face-to-face.
- f. Staff must be available at all times in close proximity to the room at the site where the individual is located. Depending on the condition of the individual being evaluated via telehealth, staff may be needed in the room with the individual, particularly if the individual is impulsive. The determination of whether staff should be present in the room with the individual being evaluated shall be made jointly by the agency requesting the telehealth assessment and the crisis staff. Significant concerns regarding whether the individual would be safe being alone in the room during the assessment may be an indicator that the assessment should be conducted on site, not by telehealth.
- g. The crisis staff conducting the assessment via telehealth shall not be interrupted during the assessment except in the event of an emergency that cannot be managed by any other staff or an emergency requiring evacuation of the telehealth location. If the crisis staff must be interrupted during the assessment, other staff members must be assigned to: 1) immediately communicate the interruption to the site where the individual being evaluated is located; and 2) keep the individual under visual observation until the crisis staff returns and the assessment resumes or staff at the telehealth location where the individual is located assumes responsibility for the individual.

- h. If at the conclusion of the telehealth assessment the individual meets criteria for admission on an emergency involuntary basis under T.C.A. §33-6-404, the crisis Mandatory Pre-Screening Agent (MPA), MD or PhD shall complete a Certificate of Need (CON) and shall refer the individual for an admission assessment to an inpatient psychiatric facility.

If admission to a State RMHI is indicated and a MPA is not available to complete the CON then the physician or psychologist with health service provider (HSP) designation at the agency where the individual is located may issue the CON in consultation with the crisis staff conducting the assessment.

If the referral is being made to one of the private psychiatric hospitals that contracts with TDMHSAS, crisis staff must be involved in the decision to issue the 1st CON and a certification form must be provided to the admitting psychiatric facility by the crisis staff involved in the decision.

If the referral is being made to a private psychiatric hospital that does not contract with TDMHSAS, a non-crisis physician, psychologist with HSP designation or MPA may issue the 1st CON without consulting with the crisis service provider.

- i. As soon as the crisis MPA has made a decision regarding whether or not the individual meets criteria for emergency involuntary admission, crisis staff shall communicate this decision to the agency staff where the individual is located.
- j. If the crisis MPA, physician or psychologist determines that the individual meets criteria for emergency involuntary admission, the crisis staff will make needed telephone calls to potential admitting psychiatric facilities to secure a bed. In addition, crisis staff will complete the required pre-authorizations with insurance providers for voluntary admissions or required notification for emergency involuntary inpatient psychiatric hospitalization. The crisis staff will again contact the agency where the individual is located to request medical information as needed to be provided to potential admitting facilities.
- k. The crisis staff shall arrange for the transportation to the admitting psychiatric facility or telehealth location designated for the 2nd CON examination to complete the admission process for the individual who was evaluated.
- l. For referrals to the RMHIs, a confirmation number will be provided when a suitable bed becomes available. Confirmation numbers are required for transportation to a RMHI to occur.
- m. The 1st CON completed by the crisis MPA, physician or psychologist with HSP designation and confirmation numbers, if applicable, shall be provided to the agency where the individual is located, the transporting authority and to the admitting psychiatric facility and/or telehealth location designated to perform 2nd CON assessments. Additionally, any information received by the crisis service provider from the agency requesting the telehealth assessment shall be provided to the admitting psychiatric facility.
- n. If the 1st CON is completed by a qualified mental health professional at the site where the individual is located, crisis staff shall arrange for an inpatient psychiatric bed and transportation to the admitting psychiatric facility or telehealth location designated to conduct 2nd CON examinations and the original CON shall be sent with the individual being admitted.

- o. If the admitting psychiatric facility determines that the individual requires immediate medical treatment that cannot be provided by the admitting psychiatric facility, additional testing or transportation to a medical facility may be requested.
- p. If inpatient psychiatric hospitalization is not indicated, the MPA or crisis staff shall provide service linkage information to staff at the telehealth site where the individual is located and/or arrange for admission to an alternative treatment resource.
- q. Crisis staff shall send electronically a copy of consultative outcomes to the agency requesting the telehealth assessment for the individual's record.
- r. Requirements for follow-up are the same as for on-site, face-to-face assessments.

N. Use of Telehealth in an Assessment for Emergency Admission by an Inpatient Psychiatric Facility via Laptop or Connection at Presenting Site

1) General Considerations:

- a. Laptop connections must provide adequate visual and audio quality.
- b. The individual being evaluated via telehealth with the use of laptop technology must be able to be safely left alone with the equipment.
- c. The use of telehealth to conduct the admission assessment may not be feasible if the admitting inpatient psychiatric facility is located within close proximity to the location requesting the telehealth assessment.
- d. The community telehealth site (ED, MHC, jail, etc.) must provide a safe environment for the individual being evaluated, with equipment secured so as to minimize potential for damage or injury. This environment must also be comfortable in regard to temperature and lighting, with minimal distractions.
- e. Technical staff must be available (even if by phone) to both the admitting psychiatric facility and the community telehealth site to address technical problems with the telehealth equipment or connection that might arise during the assessment. If the assessment cannot be completed due to technical problems with the telehealth equipment or connection, the individual must be transported to the admitting psychiatric facility for a face-to-face on-site assessment.

2) Prior to Initiating a Telehealth Assessment:

- a. A determination must be made whether telehealth is a viable means of conducting the assessment, based on the individual's behavior and psychiatric condition.
 - i. Assessment of an individual via telehealth may **not** be viable if:
 - The individual is too agitated to focus;

- The individual is violent, if the violence would potentially result in injury to staff or damage to equipment;
- The individual's delusional system would prevent him/her from engaging in the process; or
- The individual has an untreated acute medical condition.

Additional Considerations:

Transportation to a telehealth location is not necessary if:

- the ER already has a telehealth connection with the admitting psychiatric facility and a crisis service provider is on-site or if an on-site crisis service provider has a laptop connection with the admitting facility,
 - the admitting psychiatric facility is located closer to the presenting location than the telehealth site,
 - the telehealth location already has too many individuals to manage at once (thus the requirement to involve Walk-In Center (WIC) staff in the decision to choose telehealth).
- b. If the agency where the individual is located determines that telehealth is **not** a viable means of conducting the admission assessment, the individual shall be transported to the admitting psychiatric facility for a face-to-face on-site assessment.
 - c. If the agency where the individual is located believes that telehealth is a viable means of conducting the assessment, the agency where the individual is located (or other community staff involved with the referral) shall contact staff at the admitting inpatient psychiatric facility to establish a time for the assessment to occur.
 - d. If the admitting inpatient psychiatric facility staff questions the viability or appropriateness of conducting the assessment via telehealth based on the referral information, staff shall participate in the decision to transport directly to the admitting psychiatric facility based on the referral information provided.
 - e. The individual must be informed by the agency where the individual is located (the professional completing the first CON for emergency involuntary psychiatric hospitalization) or other community staff involved with the referral (such as a crisis worker or staff at an emergency room) that the assessment is to be conducted by telehealth and the individual must be given the option to request that the assessment be conducted by face-to-face on-site admitting psychiatric facility instead.
 - f. The agency where the individual is located must send electronically (scan and secure e-mail or fax) to the admitting inpatient psychiatric facility the first Certificate of Need (CON) and all referral information. This information includes, but is not limited to, the following:
 - I. Copies of assessments completed in the community (by the agency where individual is located and crisis service provider, if applicable) utilized in making the determination to complete the first CON;
 - II. Whether the individual has a general durable power of attorney that specifically includes powers related to decisions about mental health care; or a durable power of attorney for health care that specifically includes powers related to decisions about mental health care; or a declaration for mental health treatment;

- III. Whether the individual is on mandatory outpatient treatment, if known;
 - IV. Any known medical conditions;
 - V. Current or recent prescription and/or over-the-counter medications, if any;
 - VI. Current or recent use of alcohol and/or other substance use, if any;
 - VII. The name of the current or most recent community mental health and substance abuse service provider, if known; and
 - VIII. Recommendations for services and/or supports following discharge.
- g. The agency where the individual is located (or other community staff involved with the referral) should discuss the individual's current behavior, any medications or medical issues, inpatient psychiatric bed availability and lack of available less restrictive alternatives with the receiving staff prior to initiating a telehealth assessment.
 - h. If, at any point, questions arise regarding whether the individual has a medical condition that requires **immediate** medical treatment that the admitting psychiatric facility cannot provide, either staff from the agency where the individual is located or involved crisis staff should contact the admitting psychiatric facility to discuss the individual's medical condition prior to transport to the admitting inpatient psychiatric facility.
 - i. If a physician is available at the location where the individual is located, a physician to physician discussion should occur to determine whether additional medical intervention is indicated prior to conducting the telehealth assessment (via mobile or stationary unit). All medical concerns should be addressed prior to conducting an admission decision to the psychiatric facility.
 - j. The community telehealth site must test the telehealth equipment and connectivity with the admitting psychiatric facility prior to initiating the admission assessment. Assessment of an individual via telehealth should not be attempted if there are technical problems with the telehealth equipment or connection. The individual being evaluated and the admitting psychiatric facility physician conducting the assessment must be able to see and hear each other without delays or distortion.
 - k. The community telehealth location staff must provide the admitting psychiatric facility with the name and phone number of a contact person at the community telehealth site where the individual will be evaluated via telehealth who is to be notified by admitting psychiatric facility when the assessment has been completed or if it is interrupted. This contact person must be located in close proximity to the room in which the individual is being evaluated via telehealth and immediately accessible by phone during the assessment.
 - l. The admitting psychiatric facility physician **cannot** order medications to be administered at the community telehealth site or order use of seclusion or restraint at the community telehealth site.

3) Conducting the Assessment via Telehealth:

- a. At the beginning of the telehealth assessment, the admitting physician shall explain the purpose of the assessment to the individual being evaluated (i.e., to determine whether the individual meets criteria for emergency involuntary psychiatric hospitalization).
- b. The admitting physician shall inform the individual if other hospital staff are present in the room where the telehealth equipment is located or enter the room at any point during the assessment.
- c. The telehealth assessment conducted by the admitting psychiatric facility physician shall be identical to the assessment that would be conducted on-site at the admitting psychiatric facility, with the addition of the initial determination that assessment via telehealth is a viable option.
- d. All of the documentation required by the admitting psychiatric facility for an on-site assessment is required for an assessment conducted via telehealth, regardless of whether the outcome of the assessment is admission or not.
- e. Documentation must also reflect that the assessment was conducted via telehealth, the names and roles of other inpatient psychiatric facility staff present during the telehealth assessment (if applicable), and whether staff were present with the individual at the community telehealth site. If staff were present with the individual at the community telehealth site, documentation should reflect their roles (such as crisis worker, emergency room staff, security staff), if known.
- f. If, during the telehealth assessment, it becomes obvious that the individual is not able to participate to the extent that the telehealth assessment cannot be completed, or if the individual being evaluated requests to terminate the telehealth assessment, the individual must be transported to the admitting psychiatric facility to complete the assessment by face-to-face on-site at the admitting psychiatric facility.
- g. Staff must be available at all times in close proximity to the room at the community telehealth site in which the individual is being evaluated via telehealth. Depending on the condition of the individual being evaluated via telehealth, staff may be needed in the room with the individual, particularly if the individual is impulsive. The determination of whether staff should be present in the room with the individual being evaluated shall be made jointly by the admitting psychiatric facility physician and staff at the community telehealth site. Significant concerns regarding whether the individual would be safe being alone in the room during the assessment may be an indicator that the assessment should be conducted at the admitting psychiatric facility, not by telehealth.
- h. If the connection at the telehealth location must be interrupted during the assessment for emergency purposes, staff must be assigned to: 1) immediately communicate the interruption to the site where the individual is being evaluated; and 2) keep the individual under visual observation until the connection can be re-established and the assessment resumes or staff at the admitting psychiatric facility site assume responsibility for the individual.
- i. If the connection at the admitting psychiatric facility must be interrupted during the assessment for emergency purposes, admitting psychiatric facility staff must immediately communicate the interruption to the site where the individual is being evaluated and may request that someone at the telehealth location be assigned to keep the individual under visual observation until the connection can be re-established and the assessment resumes.

- j. If the conclusion of the admitting psychiatric facility physician, based on the assessment conducted via telehealth, is that the individual meets criteria for inpatient psychiatric admission on an emergency involuntary basis under T.C.A. §33-6-404, the physician shall complete a Certificate Of Need (CON) and shall order the individual's admission to the inpatient psychiatric facility.
- k. As soon as the admitting psychiatric facility physician has made a decision regarding whether or not the individual meets criteria for emergency involuntary admission, inpatient psychiatric facility staff shall communicate this decision to staff at the location where the individual is being evaluated via telehealth and to the original agency where the individual presented, if not at the telehealth location.
- l. If the admitting psychiatric facility physician determines that the individual meets criteria for emergency involuntary admission to an inpatient psychiatric facility, the individual may then be transported to the inpatient psychiatric facility to complete the admission process. The original CON (or electronically sent CON, if the first CON was completed via telehealth) and the confirmation number, if applicable, shall be transported with the individual. If the accepting inpatient psychiatric facility contracts with TDMHSAS to provide inpatient psychiatric services for uninsured adults, the crisis staff shall also electronically provide the required certification form to the admitting psychiatric facility.
- m. If the admitting psychiatric facility physician determines the individual does not meet criteria for emergency involuntary admission to an inpatient psychiatric facility, the telehealth location staff shall determine the next most appropriate level of care.

O. Use of a Telehealth Site in an Assessment for Emergency Admission by an Inpatient Psychiatric Facility

4) General Considerations:

- a. The qualified professional issuing the Certificate of Need (CON) for emergency involuntary hospitalization shall consider whether the individual can be safely transported to a local telehealth location for a psychiatric admission decision at a telehealth location and indicate this in Section D of the Certificate of Need.
- b. In conjunction with the emergency involuntary psychiatric admission process outlined in Title 33, the sheriff (or non-secure transport if appropriate) shall transport the individual to the telehealth location for the admission assessment and remain at the location for up to one hour and forty-five minutes pending the decision. If the outcome of the assessment is to admit, the sheriff may then transport to the admitting facility without any further waiting requirements.
- c. Assessment via telehealth by an admitting psychiatric facility may be conducted only when the admitting psychiatric facility has available suitable accommodations (i.e., when staff or a psychiatric bed is available) and a confirmation number has been provided, if applicable.
- d. The telehealth location must have staff available to conduct the assessment and a time for transport to the site must be established.

- e. Admitting psychiatric facility physicians conducting assessments via telehealth, Admissions Office staff, and staff at the community telehealth site must be trained in the use of the telehealth equipment and all related policies and procedures prior to conducting an assessment via telehealth.
- f. The telehealth equipment at the admitting psychiatric facility and at the community telehealth site must be located in a room with minimal distractions that will allow the telehealth assessment to be conducted in a private and confidential manner.
- g. The community telehealth site must provide a safe environment for the individual being evaluated, with equipment secured so as to minimize potential for damage or injury. This environment must also be comfortable in regard to temperature and lighting, with minimal distractions.
- h. Technical staff must be available (even if by phone) to both the admitting psychiatric facility and the community telehealth site to address technical problems with the telehealth equipment or connection that might arise during the assessment. If the assessment cannot be completed due to technical problems with the telehealth equipment or connection, the individual must be transported to the admitting psychiatric facility for a face-to-face on-site assessment.

5) Prior to Initiating a Telehealth Assessment:

- m. The agency where the individual is located must contact the telehealth location to verify that the telehealth site has available staff and accommodations to conduct the telehealth assessment. The agency where the individual is located shall discuss the psychiatric inpatient placement being recommended and rationale for the decision with telehealth location staff that will assist in determining the appropriateness of a telehealth assessment.
- n. A determination must be made whether telehealth is a viable means of conducting the assessment, based on the individual's behavior and psychiatric condition.
 - I. Assessment of an individual via telehealth may **not** be viable if:
 - The individual is too agitated to focus;
 - The individual is violent, if the violence would potentially result in injury to staff or damage to equipment;
 - The individual's delusional system would prevent him/her from engaging in the process; or
 - The individual has an untreated acute medical condition.

Additional Considerations:

Transportation to a telehealth location is not necessary if:

- the ER already has a telehealth connection with the admitting psychiatric facility and a crisis service provider is on-site or if an on-site crisis service provider has a laptop connection with the admitting facility,
- the admitting psychiatric facility is located closer to the presenting location than the telehealth site,

- the telehealth location already has too many individuals to manage at once (thus the requirement to involve Walk-In Center (WIC) staff in the decision to choose telehealth).
- o. If the agency where the individual is located determines that telehealth is **not** a viable means of conducting the admission assessment, the individual shall be transported to the admitting psychiatric facility for a face-to-face on-site assessment.
- p. If the agency where the individual is located believes that telehealth is a viable means of conducting the assessment, the agency where the individual is located (or other community staff involved with the referral) shall contact staff at the closest telehealth location to discuss feasibility of telehealth assessment.
- q. If the telehealth location staff questions the viability or appropriateness of conducting the assessment via telehealth based on the referral information, staff shall participate in the decision to transport directly to the admitting psychiatric facility based on the referral information provided.
- r. The individual must be informed by the agency where the individual is located (the professional completing the first CON for emergency involuntary psychiatric hospitalization) or other community staff involved with the referral (such as a crisis worker or staff at an emergency room) that the assessment is to be conducted by telehealth and the individual must be given the option to request that the assessment be conducted by face-to-face on-site admitting psychiatric facility instead.
- s. The agency where the individual is located must send electronically (scan and secure e-mail or fax) to the telehealth location the first Certificate of Need (CON) and all referral information that would normally be sent to the admitting psychiatric facility either prior to transport or with the individual when transported. This information includes, but is not limited to, the following:
 - IX. Copies of assessments completed in the community (by the agency where individual is located and crisis service provider, if applicable) utilized in making the determination to complete the first CON;
 - X. Whether the individual has a durable power of attorney for mental health care or a declaration for mental health treatment;
 - XI. Whether the individual is on mandatory outpatient treatment, if known;
 - XII. Any known medical conditions;
 - XIII. Current or recent prescription and/or over-the-counter medications, if any;
 - XIV. Current or recent use of alcohol and/or other substance use, if any;
 - XV. The name of the current or most recent community mental health and substance abuse service provider, if known; and
 - XVI. Recommendations for services and/or supports following discharge.

- t. The agency where the individual is located (or other community staff involved with the referral) should discuss the individual's current behavior, any medications or medical issues, inpatient psychiatric bed availability and lack of available less restrictive alternatives with the receiving staff prior to initiating a telehealth assessment.
- u. If, at any point, questions arise regarding whether the individual has a medical condition that requires immediate medical treatment that the admitting psychiatric facility cannot provide, either staff from the the agency where the individual is located or involved crisis staff should contact the admitting psychiatric facility to discuss the individual's medical condition prior to transport for an admission determination.

If a physician is available at the location where the individual is located, a physician to physician discussion should occur to determine whether additional medical intervention is indicated prior to conducting the telehealth assessment (via mobile or stationary unit). All medical concerns should be addressed prior to conducting an admission decision to the psychiatric facility.

- v. If the individual is not already at the community telehealth site, the community telehealth site must test the telehealth equipment and connectivity with the admitting psychiatric facility before the individual is transported to the community telehealth site.
- w. Assessment of an individual via telehealth should not be attempted if there are technical problems with the telehealth equipment or connection. The individual being evaluated and the admitting psychiatric facility physician conducting the assessment must be able to see and hear each other without delays or distortion.
- x. The community telehealth site and the admitting psychiatric facility's Admissions Office shall schedule a time for the telehealth assessment to be conducted and the individual shall be transported to the telehealth location.
- y. As soon as possible after arrival at the telehealth location, the crisis MPA, physician or psychologist with HSP designation shall determine whether the individual continues to require emergency involuntary hospitalization and document the following:
 - 1. Specifically why the individual no longer meets emergency involuntary commitment criteria. If the individual no longer needs inpatient psychiatric hospitalization, the telehealth location staff shall contact the admitting psychiatric facility to inform the admitting physician and the agency that requested the telehealth assessment; and
 - 2. If the individual does continue to need inpatient psychiatric hospitalization, the telehealth assessment will be conducted as scheduled and a final disposition decision will be made.
- z. After testing the telehealth equipment and connectivity, the community telehealth site and the admitting psychiatric facility's Admissions Office shall begin the telehealth assessment.
- aa. The telehealth location staff must provide the admitting psychiatric facility with the name and phone number of a contact person at the community telehealth site where the individual will be evaluated via telehealth who is to be notified by admitting psychiatric facility when the assessment has been completed or if it is interrupted. This contact person must be located in close proximity to the room in which the individual is being evaluated via telehealth and immediately accessible by phone during the assessment.

- bb. The admitting psychiatric facility physician **cannot** order medications to be administered at the community telehealth site or order use of seclusion or restraint at the community telehealth site.
- cc. Telehealth location staff shall send electronically (scan and secure e-mail) to the admitting psychiatric facility the first Certificate of Need (CON) and all referral information that would normally be sent to the admitting psychiatric facility either prior to transport or with the individual when transported. This information includes, but is not limited to, the following:
 - I. Copies of assessments completed in the community (by the agency where individual is located and the crisis service provider, if applicable) utilized in making the determination to complete the first CON;
 - II. Whether the individual has a durable power of attorney for mental health care or a declaration for mental health treatment;
 - III. Whether the individual is on mandatory outpatient treatment, if known;
 - IV. Any known medical conditions;
 - V. Current or recent prescription and over-the-counter medications, if any;
 - VI. Current or recent use of alcohol and/or other substance use, if any;
 - VII. The name of the current or most recent community mental health or substance abuse service provider, if known; and
 - VIII. Recommendations for services and/or supports following discharge.

6) Conducting the Assessment via Telehealth:

- a. At the beginning of the telehealth assessment, the admitting physician shall explain the purpose of the assessment to the individual being evaluated (i.e., to determine whether the individual meets criteria for emergency involuntary psychiatric hospitalization).
- b. The admitting physician shall inform the individual if other hospital staff are present in the room where the telehealth equipment is located or enter the room at any point during the assessment.
- c. The telehealth assessment conducted by the admitting psychiatric facility physician shall be identical to the assessment that would be conducted on-site at the admitting psychiatric facility, with the addition of the initial determination that assessment via telehealth is a viable option.
- d. All of the documentation required by the admitting psychiatric facility for an on-site assessment is required for an assessment conducted via telehealth, regardless of whether the outcome of the assessment is admission or not.
- e. Documentation must also reflect that the assessment was conducted via telehealth, the names and roles of other inpatient facility staff present during the telehealth assessment (if applicable), and whether staff were present with the individual at the community telehealth site. If staff

were present with the individual at the community telehealth site, documentation should reflect their roles (such as crisis worker, emergency room staff, security staff), if known.

- f. If, during the telehealth assessment, it becomes obvious that the individual is not able to participate to the extent that the telehealth assessment cannot be completed, or if the individual being evaluated requests to terminate the telehealth assessment, the individual must be transported to the admitting psychiatric facility to complete the assessment by face-to-face on-site at the admitting psychiatric facility.
- g. Staff must be available at all times in close proximity to the room at the community telehealth site in which the individual is being evaluated via telehealth. Depending on the condition of the individual being evaluated via telehealth, staff may be needed in the room with the individual, particularly if the individual is impulsive. The determination of whether staff should be present in the room with the individual being evaluated shall be made jointly by the admitting physician and staff at the community telehealth site. Significant concerns regarding whether the individual would be safe being alone in the room during the assessment may be an indicator that the assessment should be conducted at the admitting psychiatric facility, not by telehealth.
- h. If the connection at the telehealth location must be interrupted during the assessment for emergency purposes, staff must be assigned to: 1) immediately communicate the interruption to the site where the individual is being evaluated; and 2) keep the individual under visual observation until the a connection can be re-established and the assessment resumes or staff at the admitting psychiatric facility site assume responsibility for the individual.
- i. If the connection at the admitting psychiatric facility must be interrupted during the assessment for emergency purposes, admitting psychiatric facility staff must immediately communicate the interruption to the site where the individual is being evaluated and may request that someone at the telehealth location be assigned to keep the individual under visual observation until the connection can be re-established and the assessment resumes.
- j. If the conclusion of the admitting physician, based on the assessment conducted via telehealth, is that the individual meets criteria for inpatient psychiatric admission on an emergency involuntary basis under T.C.A. §33-6-404, the physician shall complete a Certificate Of Need (CON) and shall order the individual's admission to the inpatient psychiatric facility.
- k. As soon as the admitting physician has made a decision regarding whether or not the individual meets criteria for emergency involuntary admission, inpatient psychiatric facility staff shall communicate this decision to staff at the location where the individual is being evaluated via telehealth and to the original agency where the individual presented, if not at the telehealth location.
- l. If the admitting physician determines that the individual meets criteria for emergency involuntary admission to an inpatient psychiatric facility, the individual may then be transported to the inpatient psychiatric facility to complete the admission process. The original CON (or electronically sent CON, if the first CON was completed via telehealth) and the confirmation number, if applicable, shall be transported with the individual. If the accepting inpatient psychiatric facility contracts with TDMHSAS to provide inpatient psychiatric services for uninsured adults, the crisis staff shall also electronically provide the required certification form to the admitting psychiatric facility.

- m. If the admitting physician determines the individual does not meet criteria for emergency involuntary admission to an inpatient psychiatric facility, the telehealth location staff shall determine the next most appropriate level of care.

P. Assessment of Effectiveness:

Agencies participating in telehealth crisis assessments shall continuously evaluate the effectiveness of conducting crisis assessments via telehealth. Reporting is required by Grant Contract as outlined in the Crisis Management Tracking System; however, the assessment components outlined below shall also be maintained by the crisis service agency and made available to TDMHSAS upon request. Questions that should be considered in evaluating the effectiveness include:

Key Questions for 1st CON assessment:

1. What percent of assessments were conducted by telehealth?
2. Of the assessments that were not conducted by telehealth, what were the reasons for not using telehealth?
3. What percentages of assessments were not conducted via telehealth due to individual objection?
4. What percent of assessments conducted by telehealth were not completed?
5. If a telehealth session was stopped, what were the reasons for stopping?
6. Are wait times for face-to-face assessments decreased via telehealth compared to in-person?
7. Is the percent of decisions to write a CON vs. not the same for telehealth assessments and in-person assessments?
8. What percent of decisions to issue a CON vs. not by telehealth assessment occurred by telehealth location?
9. What is the impact of the telehealth assessments on local procedures?
10. How much travel time and mileage were saved by decisions to utilize telehealth?
11. What is the crisis service provider rating of the efficacy of telehealth assessment?
12. What is law enforcement's rating of the telehealth cost savings?
13. What is the agency where the individual is located's rating of the efficacy of the assessment by telehealth?

Key Questions for 2nd CON assessment:

1. What percent of admitting psychiatric facility examinations determining the need for inpatient psychiatric hospitalization were conducted by telehealth?
2. If the assessment was not conducted by telehealth, what were the reasons for not using telehealth?
3. What percent of admitting psychiatric facility examinations conducted by telehealth were not completed?
4. If a telehealth session was stopped, what were the reasons for stopping?
5. Is the percent of decisions to admit or not admit the same for telehealth assessments and in-person assessments?
6. What percent of decisions to conduct the assessment via telehealth assessment occurred by admitting psychiatric facility location?
7. What percent of admitting psychiatric facility exams were completed using laptop technology vs. stationary telehealth units?
8. Is the percent of people sent out for medical treatment within 24 hours the same for telehealth assessments and in-person assessments?
9. Are discharge lengths of stay the same for people evaluated by telehealth and in-person?
10. How much travel time and mileage were saved by decisions to not admit by telehealth?

11. What is the impact of the telehealth assessments on local procedures?
12. What is the crisis service provider rating of the efficacy of telehealth assessment?
13. What is law enforcement's rating of the telehealth cost savings?
14. What is the physician's rating of the efficacy of the assessment?

Q. Tennessee Department of Mental Health and Substance Abuse Services Designated Crisis Agencies' Contact Numbers:

- Carey Counseling Center- (731) 641-0626
- Centerstone Community Mental Health Center- 615-463-6600
- Cherokee Health Systems- 866-231-4477
- Frontier Health- 423-467-3600
- Helen Ross McNabb Center- 865-637-9711
- Mental Health Cooperative- 615-726-3340
- Pathways of Tennessee- 800-587-3854
- Professional Counseling Services- 901-476-8967
- Quinco Community Mental Health Center- 731-658-6113
- Ridgeview Psychiatric Hospital & Center- 865-482-1076
- Southeast Mental Health Center- 901-369-1400
- Volunteer Behavioral Health- 877-567-6051
- Youth Villages- 615-250-7200

APPENDIX A

T.C.A. §33-3-105 - Information may be shared between the providers involved in the care of the individual without consent if:

- (1) Disclosure is necessary to carry out duties under this title;
- (2) Disclosure may be necessary to assure service or care to the service recipient by the least drastic means that are suitable to the service recipient liberty and interests;
- (3) As a court orders, after a hearing, upon its determination that disclosure is necessary for the conduct of proceedings before it and that failure to make the disclosure would be contrary to public interest or to the detriment of a party to the proceedings;
- (4) It is solely information as to a residential service recipient's overall medical condition without clinical details and is sought by the service recipient's family members, relatives, conservator, legal guardian, legal custodian, guardian ad litem, foster parents, or friends;
- (5) A service recipient moves from one service provider to another and exchange of information is necessary for continuity of service; or
- (6) A custodial agent for another state agency that has legal custody of the service recipient cannot perform the agent's duties properly without the information.

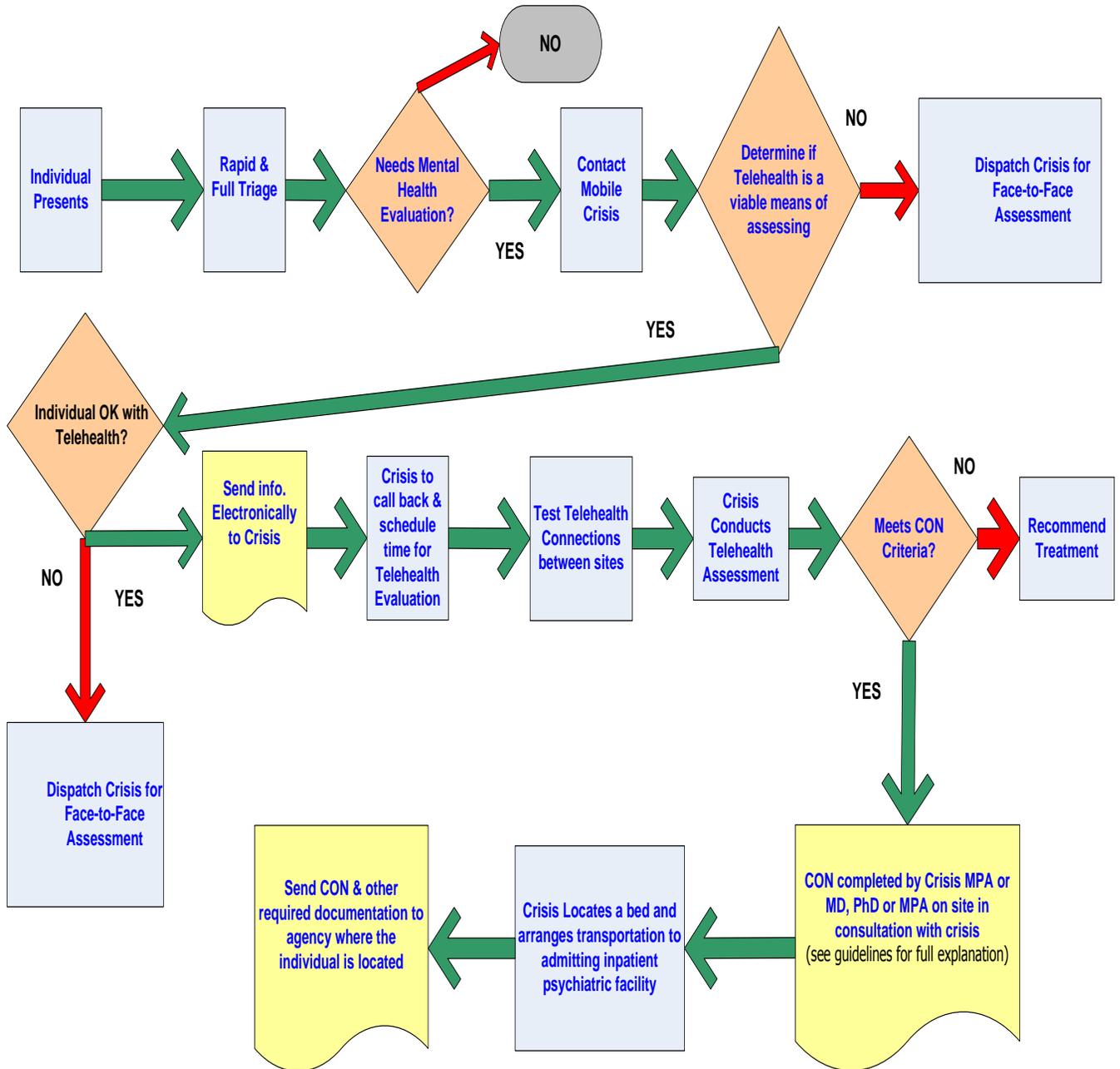
T.C.A. §47-10-107 - Legal recognition of electronic records, electronic signatures, and electronic contracts.

- (a) A record or signature may not be denied legal effect or enforceability solely because it is in electronic form.
- (b) A contract may not be denied legal effect or enforceability solely because an electronic record was used in its formation.
- (c) If a law requires a record to be in writing, an electronic record satisfies the law.
- (d) If a law requires a signature, an electronic signature satisfies the law.

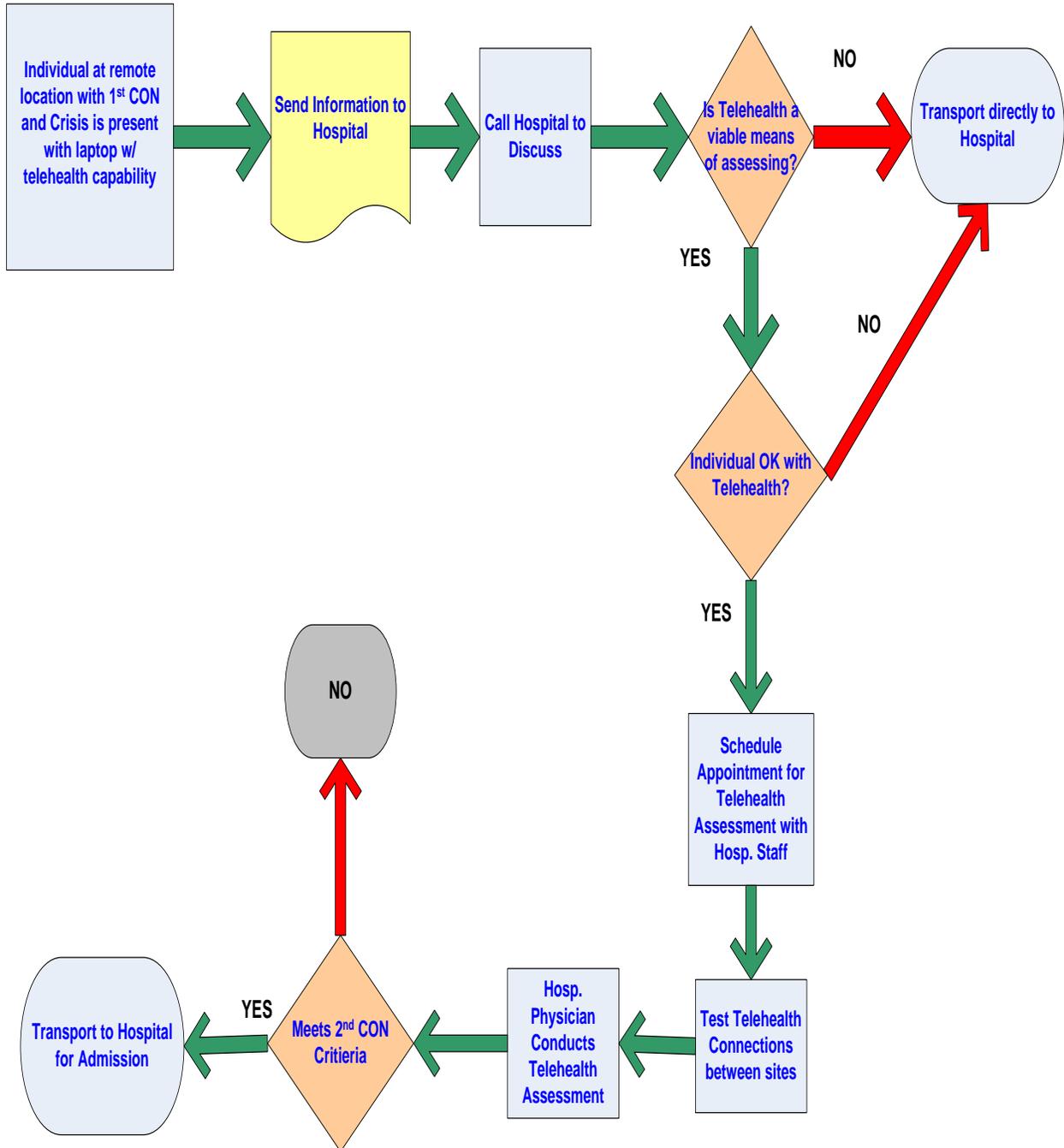
An electronic signature is defined as an electronic sound (e.g., audio files of a person's voice), symbol (e.g., a graphic representation of a person in JPEG file), or process (e.g., a procedure that conveys assent), attached to or logically associated with a record, and executed or adopted by a person with the intent to sign the record. An electronic signature is easy to implement, since something as simple as a typed name can serve as one. Consequently, e-signatures are very problematic with regards to maintaining integrity and security, as there is nothing to prevent one individual from typing another individual's name. Due to this reality, an electronic signature that does not incorporate additional measures of security is considered an insecure way of signing documentation.

A digital signature takes the concept of traditional paper-based signing and turns it into an electronic "fingerprint." This "fingerprint," or coded message, is unique to both the document and the signer and binds both of them together. The digital signature ensures the authenticity of the signer. Any changes made to the document after it is signed invalidate the signature, thereby protecting against signature forgery and information tampering. Digital signatures help organizations sustain signer authenticity, accountability, data integrity and non-repudiation of electronic documents and forms. Digital signatures are required for signing the Certificate of Need.

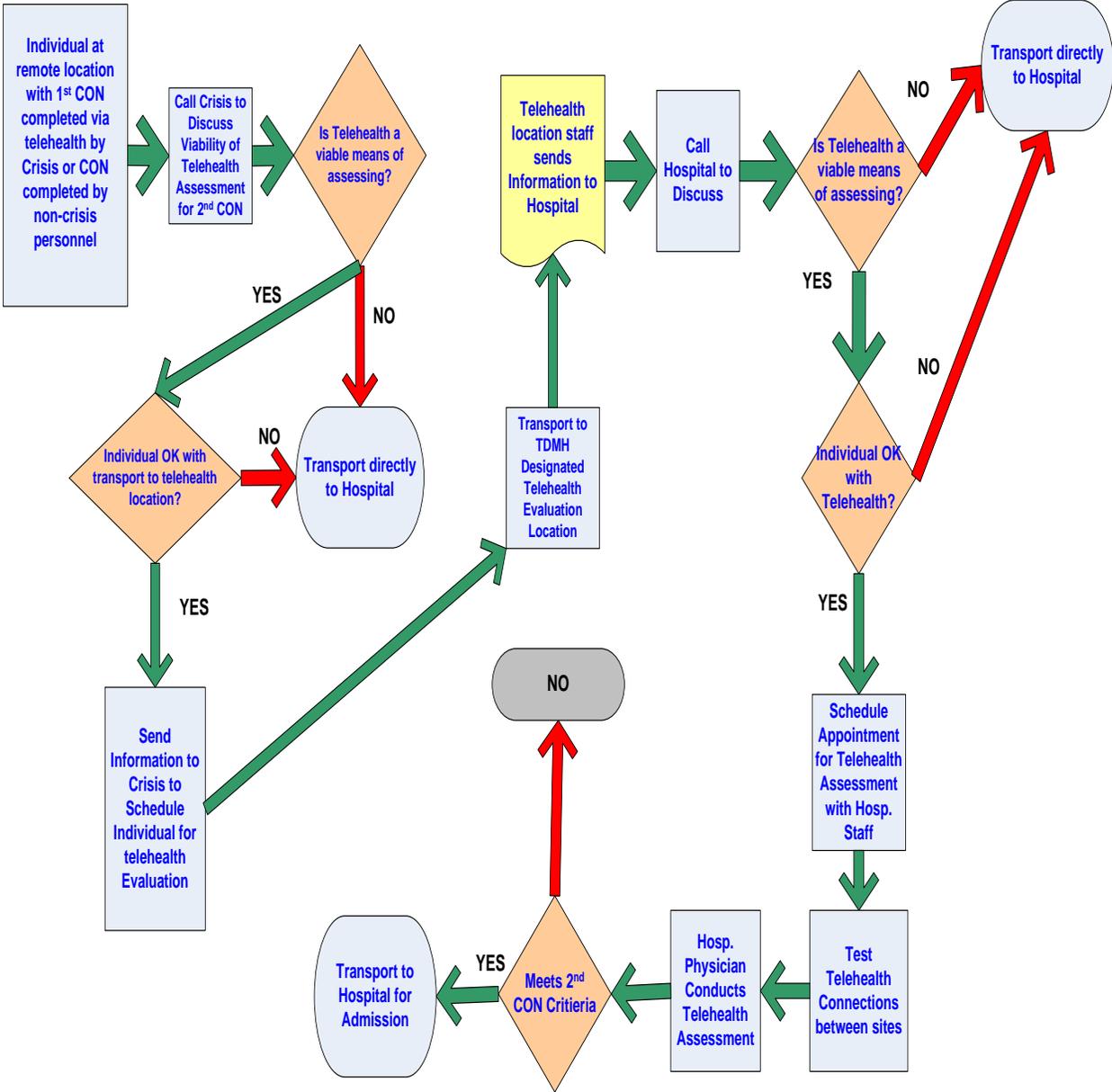
USE OF TELEHEALTH FOR A CRISIS ASSESSMENT



Conducting an Admission Evaluation via Laptop Technology



Conducting an Admission Evaluation via Telehealth Location



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