



## Telehealth Requirements and Compliance Attestation

Provider Name: \_\_\_\_\_ License: \_\_\_\_\_

Optum Public Sector San Diego defines Telehealth as a method of delivering behavioral health services using interactive telecommunications when the client and the behavioral health provider are not in the same physical location. Telecommunications MUST be the combination of audio and live, interactive video.

**Optum Public Sector San Diego\* (Optum) requires completion and return of this attestation for provision of all telehealth services.**

You must meet all requirements below to deliver services to Fee For Service (FFS) Medi-Cal Beneficiaries and/or Child Welfare Services (CWS) Treatment Evaluation Resource Management (TERM) clients via telehealth. Please review carefully to ensure your practice or organization meets each requirement. Completion and return of this attestation will designate you as a telehealth provider for Optum and indicate you wish to provide services via telehealth. In addition, all other requirements as described in the \*United Behavioral Health, Public Sector, San Diego, Individual Provider Participation Agreement, Provider Handbooks and other policies and procedures are applicable to the provision of telehealth services.

\*Optum Public Sector San Diego formerly known as United Behavioral Health, Public Sector, San Diego

### Telehealth Standards & Requirements

All Telehealth Providers must have a valid and current license or registration issued by their Professional Board in the State where the client is physically located. Providers must meet all applicable Medi-Cal licensure and program enrollment requirements.

A licensee or registrant of this state may provide telehealth services to clients located in another jurisdiction only if the California licensee or registrant meets the requirements to lawfully provide services in that jurisdiction, and delivery of services via telehealth is allowed by that jurisdiction.

To preserve a client's right to access covered services in person, a provider furnishing services through Telecommunications must do one of the following: 1) Offer those same services via in-person, face-to-face contact; or 2) Arrange for a referral to, and a facilitation of, in-person care that does not require a client to independently contact a different provider to arrange for that care.

All psychotherapy services offered by respective professional board licensees and registrants via telehealth fall within the jurisdiction of the board just as traditional face to face services do. Therefore, all psychotherapy services offered via telehealth are subject to the board's statues and regulations.

Client Consent: Prior to initial delivery of covered via telecommunications, providers are required to obtain verbal or written consent for the use of telecommunications as an acceptable mode of delivering services, and must explain the following to clients:

- The client has a right to access covered services in person.
- Use of telecommunications is voluntary and can be withdrawn at any time without affecting the client's ability to access Medi-Cal covered services in the future.
- Non-medical transportation benefits are available for in-person visits.
- Any potential limitations or risk related to receiving covered services through telecommunications as compared to an in-person visit, if applicable.

DHCS has created a model verbal and written consent language. Providers are not required to use DHCS model language, but rather utilize as a resource. The Model Telehealth Patient Consent Language is available at: <a href="https://www.dhcs.ca.gov/provgovpart/Pages/Patient-Consent.aspx">https://www.dhcs.ca.gov/provgovpart/Pages/Patient-Consent.aspx</a>
Provide the client with his or her license and registration number and the type of license or registration.
Have written protocols to ensure telehealth services meet the requirements of state and federal laws and established patient care standards.
Inform clients of the potential risks, consequences, and benefits of telehealth, including but not limited to, confidentiality, clinical limitations, transmission difficulties, and the ability to respond to emergencies.
Document reasonable efforts made to ascertain the contact information of relevant resources, including emergency services, in the client's geographic area.
Each time Telehealth services are rendered, the provider must verbally obtain and document at the beginning of each telehealth session, the client's full name and address of present location.
Assess whether the client is appropriate for Telehealth, including, but not limited to, consideration of the client's psychosocial situation. For example, the client's skill level in using technology; whether the client can comfortably express himself or herself through a telephonic or online modality; whether the technology allows the provider to identify subtle physical cues, body language, or voice intonations; and, whether the client's personality type, presenting complaints, risk factors, or diagnosis impact the client's suitability for phone or internet therapy. Further, the provider and the client should discuss what strategies and resources will be relied upon in the event of an interruption of services caused by technical difficulties or a potential medical emergency. Ultimately, the appropriateness of providing therapy over the telephone or through video conferencing is something that should be continuously assessed throughout treatment.
Have written protocols for management of urgent/emergent situations.
Utilize industry best practices for telehealth to ensure both client confidentiality and the security of the communication medium.
Maintain a complete medical record of all telehealth services provided to beneficiaries/clients.
Provide all telehealth sessions through secure and HIPAA compliant technology. Provider shall submit a copy of their Business Associate Agreement with their chosen HIPAA Compliant Platform to Provider Services.
Practice must be covered by professional liability insurance for required limits per occurrence and aggregate through self, group or employer and include services performed via telehealth in the coverage territory where the provision of services occurs.
Please identify what secure technology you currently use (ex. Breakthrough, Secure Telehealth, American Well, etc.)
The benefits or services being provided are clinically appropriate based upon evidence-based medicine and/or best practices to be delivered via telehealth.
The benefits or services delivered via telehealth meet the procedural definition and components of the CPT or HCPCS code(s), as defined by the American Medical Association (AMA), associated with the Medi-Cal covered service or benefit.
The benefits or services provided via telehealth meet all laws regarding confidentiality of health care information and a patient's right to his or her medical information.

## Virtual Visits, Telehealth Compliance Attestation

I understand that Optum San Diego Public Sector ("Optum") may require documentation to verify that I meet the criteria for delivery of Telehealth as outlined below. I will cooperate with an Optum documentation or site audit, if requested, to verify that I meet, at all times applicable, the required criteria.

I hereby attest, represent and warrant that all of the information below is true and accurate at the time of execution hereof and will remain accurate through the term of providing of virtual visits/ Telehealth services. I acknowledge that I will immediately notify Optum upon discovering that any information provided pursuant to this attestation is untrue and/or incorrect. I further agree that Optum has and will rely on the information in this attestation for my continuation in the San Diego Fee For Service Medi-Cal (FFS) and/or Treatment Evaluation and Resource Management (TERM) Provider Network(s).

Review and Complete this form	Check Box "Yes"
<p>I have confirmed that the videoconferencing technology that will be used to deliver virtual visits is compliant with HIPAA requirements as well as current American Telemedicine Association (ATA) minimum standards including: a minimum bandwidth of 384 kilobits per second, a minimum live video display resolution of 640 x 360 pixels at 30 frames per second. The videoconference equipment conforms to applicable federal and state regulations. The videoconferencing technology I will be using:</p> <p><b>Name of Telehealth platform you intend to use:</b> _____</p>	<input type="checkbox"/>
<p>Provider shall submit to Provider Services, a copy of their Business Associate Agreement (BAA) with the chosen HIPAA Compliant Platform indicated above. to Provider Services.</p> <p><b>Note: BBA is required. A Telehealth Attestation submitted without a BAA will be considered incomplete.</b></p>	<input type="checkbox"/>
<p>I am, and will remain, in compliance with all applicable laws, rules, regulations and state board requirements applicable to the delivery of Telehealth, prescribing, coding requirements, and documented protocols (e.g. informed consent, emergency contact information).</p>	<input type="checkbox"/>
<p>I will provide virtual visits in a private and secure environment. Rooms to be used for virtual visits will have adequate lighting and will be reasonably soundproof for client privacy.</p>	<input type="checkbox"/>
<p>I will ensure that all documents containing protected health information or personal health information, including prescriptions, are transmitted securely in accordance with all privacy rules including HIPAA.</p>	<input type="checkbox"/>
<p>I have the appropriate protocols in place and have trained my staff on protocols and procedures related to technical or other types of failure that may disrupt service delivery.</p>	<input type="checkbox"/>
<p>I understand and agree that I must hold and will only provide services when properly licensed according to state requirements for providing services within the state where the client is physically located at the time of the services.</p>	<input type="checkbox"/>
<p>I and my staff (if applicable) are appropriately trained in, and will comply with, proper claim submission procedures, including use of the <b>Place of Service 02: Telehealth Provided other than in Patient's home</b> and <b>Place of Service 10: Telehealth Provided in Patient's Home</b> or appropriate modifier per state telehealth billing guidelines for virtual visits, Telehealth.</p>	<input type="checkbox"/>
<p>My malpractice insurance carrier has been notified and has delivered the appropriate rider or proof of coverage for Telehealth, as applicable to my scope of practice.</p>	<input type="checkbox"/>
<p>I will document in the client record the provisions of the Telehealth information and the client's verbal or written consent acknowledging the information was received.</p>	<input type="checkbox"/>

**Provider Information:**

Group Name (if applicable): \_\_\_\_\_

Provider First Name: \_\_\_\_\_

Provider Last Name: \_\_\_\_\_

License#: \_\_\_\_\_

Provider Contact Phone Number: \_\_\_\_\_

Provider Email Address: \_\_\_\_\_

Provider Primary Practice Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Individual NPI# (Type 1): \_\_\_\_\_

**Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*A Digital Signature will be accepted while special conditions for Telehealth requirements established by the State during the COVID-19 are in effect. You may be required to sign another attestation when the standard Telehealth requirements are reinstated.*

Note: You are not approved to begin Telehealth until you receive written approval from Optum Public Sector San Diego.

**Return Completed and Signed Form and BAA to:**

**Fax:** 877-309-4862

**Email:** [sdu\\_providerserviceshelp@optum.com](mailto:sdu_providerserviceshelp@optum.com)

**Attention:** Telehealth Attestation

**Questions:** [sdu\\_providerserviceshelp@optum.com](mailto:sdu_providerserviceshelp@optum.com)