



**MILLE LACS BAND OF OJIBWE  
HEALTH AND HUMAN SERVICES POLICY & PROCEDURE**

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their identity verified at time of check in by on-site clinic staff. The SUD Telehealth Clinician shall provide his/her name and qualifications to the client (or legal representative) and if requested, provider licensure information.

2. **Clinician and Client Location Documentation:** The location(s) where the patient will be receiving services by videoconferencing shall be confirmed and documented by the provider (i.e. NIS). In addition, the location of the clinician (i.e. assessor office) will need to be documented, especially in cases where documentation is needed for the appropriate payment of services. However, it is not necessary for the SUD Telehealth Clinician to reveal his/her specific location to the patient.
3. **Contact Information Verification for Clinician and Client:** The contact information for both clinician and client shall be verified at time of appointment. Client shall be provided contact phone number of clinician in case between session contact is necessary. Clients seen at MLBO clinics shall call the nurse line at phone numbers provided for routine management or urgent issues during weekday clinic business hours, and crisis numbers or 911 if an emergency/crisis arises.
4. **Verification of Expectations Regarding Contact Between Sessions:** Reasonable expectations about contact between sessions shall be discussed and verified with the client at the start of services. The clinician should provide a specific time frame for expected response between session contacts. There should also be a discussion of emergency management between sessions.

**B. Informed Consent**

1. A thorough informed consent at the start of services shall be performed. The consent shall be conducted with the client in real-time. Tribal, regional and national laws regarding verbal and written consent will be abided. If written consent is obtained, electronic signatures may be used. Written consent shall be kept in the medical record.
2. The consent should include all information contained in the consent process for in-person care including the discussion of the structure and timing of services, record keeping, scheduling, privacy, potential risks to confidentiality in electronic communication, mandatory reporting, billing, an agreed upon emergency plan, technical issues that may arise, electronic health records/documentation, right to refuse telehealth services, procedures for coordination of care with other professionals and protocol for contact between sessions. The information shall be provided in language that can easily be understood by the client, especially when discussing technical issues like encryption or technical failure.

**C. Physical Environment**

1. Both the clinician and the client's room/environment should aim to provide comparable specifications of a standard service room. Efforts shall be made to ensure privacy so clinical discussions cannot be overheard by others outside of the room where service is being provided. Sound machines will be used when practical and available. If other people are in either the client or the clinician's room, both the clinician and client shall be made aware of the other person(s) and agree to their presence. Seating and lighting should be tailored to allow maximum comfort to the participants. Both clinician and client should maximize clarity and visibility of the other end of the video service. Remote staff members should be made available to assist the client with technical adjustments when necessary. Both clinician and client's cameras should be on a secure, stable platform to avoid wobbling and shaking during the videoconferencing session. To the extent possible, the clinician and client's cameras should be placed at the same elevation as the eyes with the face clearly visible to the other person. Gaze angle should be minimized.
2. The Mille Lacs Band of Ojibwe Health and Human Services Commissioner reserves the right to inspect all interview rooms or send a representative on his/her behalf to ensure universal privacy, technological and comfort standards are met in all rooms to be used by clinicians and client for purposes of video-based telehealth conferencing.

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3. The Substance Use Disorders Director must approve the room to be utilized by the clinician providing SUD telehealth services prior to the delivery of services.
4. Clinicians shall abide by HHS dress code policies while providing SUD telehealth services.

**D. Communication and Collaboration with the Client's Treatment Team**

1. Professionals shall acknowledge that optimal clinical management of clients depends on coordination of care between a multidisciplinary treatment team. This shall be discussed with all clients.
2. For clients who agree to coordination of care, telehealth clinicians should arrange for appropriate and regular private communication with other professionals involved in care for the client. Coordination of care may include but not be limited to case manager, therapist, psychiatrist, primary care physician, nursing staff, counselors, health director, clinical manager, social worker, interns, pharmacist, billing specialist, and support staff. Additionally, care may be coordinated with local community professionals, client family members or client's identified support person(s), in case of emergencies.

**E. Emergency Management**

1. Education and Training: Professionals should review Mille Lacs Band of Ojibwe Health and Human Services policy regarding emergency situations. Professionals shall have completed basic education and training in suicide prevention at a level that is acceptable to Mille Lacs Band of Ojibwe Health Services.
2. Jurisdictional Mental Health Involuntary Hospitalization Laws: Professionals shall know and abide by the laws in the jurisdiction where the patient is receiving services.

**F. Community and Cultural Competency**

1. Professionals shall be culturally competent to deliver services to the population that they serve. Factors to consider include but are not limited to the client's language, ethnicity, race, age, gender, sexual orientation, geographical location, and socioeconomic and cultural backgrounds.

**TECHNICAL GUIDELINES**

All efforts shall be taken to use video conferencing applications that have been vetted and have the appropriate verification, confidentiality, and security parameters necessary to be properly utilized for this purpose.

**ADMINISTRATIVE GUIDELINES**

**A. Qualification and Training of Professional**

1. Professionals shall conduct care consistent with the State of Minnesota and MLBO clinic licensing laws and rules for their profession.
2. Any professional providing care to clients of MLBO clinics may request training on use on appropriate telehealth services and protocol if their job requires them to utilize such services.

**B. Documents and Record Keeping**

1. Professionals shall maintain an electronic record for each client for whom they provide remote services. Such a record shall be equivalent to documentation of in-person sessions and should include an assessment, client identification information, contact information, history, treatment plan, informed consent, and information about fees and billing.
2. A treatment plan based upon an assessment of the client's needs should be developed and documented. The plan should meet the professional's discipline standards and guidelines and include a description of what services are to be provided and the goals for services.
3. Services should be accurately documented as remote services and include dates, duration and type of service(s) provided.



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HEALTH AND HUMAN SERVICES POLICY & PROCEDURE**

4. MLBO clinics will use the Indian Health Service RPMS EHR for purposes of documentation and record keeping in compliance with jurisdictional and federal laws and regulations. SUD Clinicians will use Procentive EHR for purposes of documentation and record keeping in compliance with jurisdictional and federal laws and regulations.
5. Requests for access to such records shall require written authorization from the client with a clear indication of what types of data and which information is to be released.
6. All billing and administrative data related to the client shall be secured to protect confidentiality. HIPAA regulations are adhered to; and only relevant information is released for reimbursement purposes as outlined by HIPAA in the United States.

**C. Payment and Billing**

1. Prior to the commencement of initial services, the client shall be made aware of any and all financial charges that may arise from the services to be provided. Arrangement for payment should be completed prior to the commencement of services.

<b>Internal and/or External References</b>	American Telemedicine Association
	Indian Health Services – Indian Health Manual – Part 7, Chapter 6 Telework Arrangement Program
<b>Compliance - Posting Date</b>	4/14/2020 <i>(Signature)</i>
<b>Replaces – Policy Number</b>	
<b>Next Review - Due Date</b>	4/14/2023

## INFORMED CONSENT FOR SUD TELEHEALTH CONSULTATION

### Introduction

I \_\_\_\_\_, agree to receive SUD Services via a telemedicine consultation, which has been explained to me by \_\_\_\_\_ on \_\_\_\_\_, 20\_\_\_\_\_.

### Description of Telemedicine Consultation

I understand that the telemedicine consultation requires me and others on my treatment team to communicate information interactively through video-conferencing equipment, phone contact, secure email, or in person about my health, including prior health history, present complaints, and laboratory and diagnostic data, to another health care provider or clinician servicing Mille Lacs Band of Ojibwe H&HS.

I understand that the consultation being provided by telemedicine is provided because of the unavailability of a full-time onsite specialist.

I understand that the treatment I receive via the telemedicine consultation will be the same type of treatment I would receive from an onsite clinical professional.

I understand that the responsibility for the operation of the technology involved in the telehealth consultation occurring through Mille Lacs Band of Ojibwe Health Services remains with the Mille Lacs Band of Ojibwe H&HS.

I understand that the performance of the telehealth consultation relies on various technologies, the operation of some of which is beyond the control of Mille Lacs Band of Ojibwe Health Services.

I understand that if, for any reason, the telehealth consultation cannot be performed, I will be offered a choice, if possible, to continue with consult via telephone or voice based system or I will be re-scheduled at earliest possible date for real-time video-conferencing session.

### Risks and Discomforts

There are no known or expected risks from participating in this consultation. Some patients find it takes a couple sessions to become familiar and comfortable with video-conferencing system.

### Alternative

I understand that I may withdraw my permission at any time to participate in this therapeutic medium and that I then will be referred to another health professional for in-person visits. I understand that this may incur a longer wait to be seen.

### Benefits

I understand that this consultation will directly benefit my SUD Healthcare by providing me with services otherwise not available at such regular session availability.

**Contact Persons**

For any questions about the care I receive or my experiences with my SUD Telehealth Session I may call MLBO SUD Department at: (320) 532-7773. Outside clinic hours during emergency/crisis, I should call crisis numbers, which have been provided to me, call 911, or go to the nearest hospital.

**Confidentiality**

I understand that any information about me obtained as a result of my participation in this consultation will be kept as confidential as legally possible. I understand that my telehealth records and test results, just like hospital records, may be subpoenaed by court order or may be inspected by federal regulatory authorities without my additional consent.

I understand that the Mille Lacs Band of Ojibwe SUD Department is committed to implementing the regulations of the Health Insurance Portability and Accountability Act of 1996 ("HIPPA"), which protect the confidentiality, integrity, and availability of all electronic protected health information related to my care. Other laws, rules and requirements including 42 CFR Part 2 may apply.

**Voluntary Participation**

I understand that participation in this telehealth consultation is voluntary. I understand that I am free to withdraw my consent to participate in this consultation at any time, and that such refusal to participate will not affect my future care. Refusal to participate or withdrawal will involve no penalty to me. I have been given the opportunity to ask questions, and I have received answers concerning areas I did not understand. In the event new information become available that may affect my willingness to continue to participate in telehealth consultations, this information will be given to me so I may make an informed decision about my participation.

\_\_\_\_\_  
Signature of Client or Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date



## Approval of Office Space for Telehealth

An important part of your telehealth session is your office space. You must have a designated, secure space for your telehealth sessions. The items below must be verified by your immediate supervisor, either in person or by providing photographs of your space. Once these items are verified, this form must be routed through the appropriate HHS Director or Executive Director for approval.

Supervisors, please initial the following elements have been met regarding the space this employee will be utilizing to conduct telehealth sessions:

- **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 client. The space is private and secure.
- **Noise Level:** Ensure that there are no noises that could be distracting to you or the client during your session. This includes doorbells, noises from outside, TVs, radios, and other conversations. The space appears to be free of distracting noises
- **Visual Distractions:** Your background in the camera should be free of all clutter. We recommend having a neutral colored wall so it does not distract your client. The space is arranged with minimal background distractions.
- **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. 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 your clients. The space has appropriate lighting.
- **Eye contact:** Maintaining eye contact during your online sessions is imperative. You want your client to feel as if they have your full attention. The space is arranged so that the camera is at a comfortable eye level. The space is free of unnecessary distractions.

Name of supervisor: \_\_\_\_\_

Name of employee providing telehealth: \_\_\_\_\_

Location of the provider/clinician telehealth office space: \_\_\_\_\_

Director or Executive Director Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Copy filed with Q&C Initial \_\_\_\_\_ Date \_\_\_\_\_