

Temporary Audit Definitions Tool

Telehealth and Telephonic Services

During the MD State of Emergency due to COVID-19

This tool is to be used for the TEMPORARY expansion of telehealth and telephonic services provided during the MD State of Emergency due to COVID-19

<p>GUIDELINES FOR SCORING INDIVIDUAL RECORDS</p> <p>Y = Meets Standard N = Does Not Meet Standard N/A = Not Applicable</p>	<p>GUIDELINES FOR DETERMINING PROGRAM COMPLIANCE WITH STANDARDS</p> <p><i>This tool will be utilized for programs that delivered services by telehealth and/or telephonic means. These quality audit items will be in addition to quality audit items pertaining to the program being audited.</i></p> <p><i>Programs are expected to strive to achieve all quality of documentation standards in 100% of instances. Programs that are compliant in less than 85% of the charts reviewed will be required to develop a Performance Improvement Plan (PIP) in conjunction with the CSA, Optum Maryland, BHA, or any other auditing agency.</i></p>
<p>1. Has the participant given informed consent to receive telehealth and/or telephonic services?</p> <p>YES / NO</p>	<p>Y = The record contains all the following:</p> <ul style="list-style-type: none"> • Documentation that the participant or parent/guardian was fully informed of the terms, limits, security-confidentiality risks of HIPAA-compliant and non-HIPAA-compliant telehealth and/or telephonic service transmission; and the specific platforms and type of transmission to be used (<i>i.e. “non-HIPAA-compliant Skype”</i>); AND • Informed Consent must be obtained specific to each type of transmission (telehealth; telephonic); <ul style="list-style-type: none"> ○ Written Informed Consent; or ○ Verbal Informed Consent, including documentation of the date and time that verbal consent was given, by whom, and their relation to the participant • If the platform to be used is non-HIPAA-compliant, the consent <u>must clearly state</u> that the participant has been informed of the security-confidentiality risks related to this form of transmission, understands and accepts the risks, and consents to receiving services via non-HIPAA-compliant transmission. • Participants who will have group service via telehealth, they must attest that they will be in a private space where no one else can overhear therapy sessions. <p>N = The record does not contain all of the above required elements, as applicable.</p>
<p>2. In addition to established minimum progress/contact note documentation requirements, do progress/contact notes specify if telehealth or telephonic service was provided, and if telehealth, which platform was used to conduct the session?</p> <p>YES / NO</p>	<p>Y = The medical record contains documentation of progress/contact notes that contain all minimum requirements for the program, per established regulations, in addition to the following:</p> <ul style="list-style-type: none"> • Which service (telehealth or telephonic) was utilized for service delivery; AND • <i>If telehealth</i>, the specific platform that telehealth was provided through. <p>N = The medical record is missing documentation of progress/contact notes; or contains progress/contact notes that are missing one or more of the required elements above.</p>