Remote Services Procedures

**Purpose:** Center For Family Services is committed to providing services to the individuals and families in our communities. As a result of the current COVID-19 pandemic, the State of New Jersey has released guidance from the Department of Health and other regulatory agencies regarding social distancing measures to reduce the occurrence of community spread. Teleservices are service provided using remote technology. These measures are to preserve the quality of service and care for the clients and staff while adhering to the necessary social distancing practices. These guidelines in effect for the duration of the declared state of emergency relating to COVID-19. Providers at the Center For Family Services will provide support and services to the clients served with the goal of reducing service disruption.

**Considerations:** The current situation is a very stressful time for everyone, especially for the people and families we treat. Some people may not understand our current day technology or have access to the technology we all currently use every day. Our role is to support our clients and families through this crisis, while managing ourselves as well. In your communications with the individuals and families we serve, be mindful of supporting our consumers, as well as providing clear, calm guidance. As a resource for our clients, Center For Family Services’ website will have information for clients relevant to COVID-19, as well as information about the status of our services.

Staff will provide teleservices within the boundaries of their licenses, credentials, and privileges, keeping in mind that the technology is only a tool assisting in the provision of care at a distance and not a substitute for appropriate, responsible decision making. Licensed staff must incorporate the laws and regulations applicable to their licensure in the provision of teleservices.

**Procedures:**

**Initial Assessment/Inquiry:** Programs and assigned staff are to contact all clients currently being served, including those that are scheduled for an upcoming intake. This initial call is to review with these individuals the agency’s move to teleservices. Assess the client’s capacity to receive services. This includes privacy to have sessions as well as the tangible capacity (technology, minute on phone, etc.) This assessment should be documented on the client information template. Also assess for resources in the client’s community (eg. Distance to nearest emergency medical facility, support system, etc.).

**Informed Consent:** If the client is interested and capable of participating in teleservices, confirm consent with the client. The client’s verbal consent for treatment is to be specifically documented in the progress notes. Additionally, it will be explained to the client, and then confirmed in the notes, that the client agrees to sign the relevant forms at the earliest possible
instance. Staff is responsible to ensure that as soon as restrictions are lifted surrounding the COVID-19 virus that all forms are signed at the first available in-person session. (See Virtual Admission Procedures for guidance.) The consent forms and client rights will be posted on the Center For Family Services Website for the clients.

Schedule the next tele-session at a mutually agreement upon time to continue service provision. Document this session in the electronic health record. If the initial call is at least 25 minutes in duration, then this can be billed as a ½-hour session (for applicable programs). Documentation must reflect this.

**Technology:** Teleservices should utilize combined audio and visual technology. Use of audio only technology is only utilized in the event that the preferred combination is not available. Staff are to utilize agency equipment. Care is to be exercised when using and storing agency equipment. When in use, be conscious of your surroundings. When not in use, take care with the storage location and maintenance of the equipment. If agency equipment is not available, the Use of Personal Devices protocols must be followed. Calls and contacts are to be made from an agency device or cell phone. If calling from personal phone because no agency phone is available, staff must dial *67 to be engaged prior to every call.

Prior to seeing the first patient in this program, each staff should participate in a mock appointment with another staff or supervisor at the Center For Family Services to help ensure competency, trial technology and check the environment.

Staff are responsible for testing their technology prior to service provision. Staff should troubleshoot connection issues prior to the start of a session. If issues persist, and to ensure technical difficulties are handled in a timely manner, a work order should be submitted to the IT department regarding features, set up, use, maintenance, safety considerations, and troubleshooting of technology.

The Center For Family Services provides network level technical assistance Monday through Friday between the hours of 9:00 A.M. and 5:00 P.M. The IT Department can be reached at via the spice works portal.

**Physical Environment:** Teleservices provided must be safe, confidential, and efficient and meet or exceed the quality of care provided at an in-person setting. Remote services should replicate in-person services as closely as possible. Teleservices, both combined audio/visual and audio only, are to be conducted in a private location behind a closed door. When possible, position the room and camera so that the staff is able to view and adequately observe the client during the visit. Lighting should be checked and adjusted to be appropriate for the session, and should be comfortable for the staff and client.

**Confidentiality:** Center For Family Services is committed to the confidentiality of the individuals and families we serve. Confidentiality must be upheld. Teleservices are to be provided privately behind a closed door. When initiating teleservices, the staff at the Center For Family Services
will explain to the client how the system works, and the levels of confidentiality. Staff should remind the client that no audio or videotaping of the session is/can be done, and that no one except the staff and client will be in the session room, without the patient’s knowledge and approval.

**Verification of Identity and Location:** When beginning a session for teleservices, staff must verify the identity of the staff and client, as well as contact information and location for both parties. Additionally, staff must review the expectations for contact between the staff and client in-between teleservice session.

Confirming contact information for both the client and staff includes how to reconnect if the teleservices get disconnected. When identifying the location of staff during this emergency declaration, the provider can indicate they are working remotely and should not disclose home location. When conducting teleservices in the office, the client would need to be informed of the location of the provider. It is important to know the client’s location in the event that emergency protocols need to be implemented.

**Ongoing Tele-Sessions:** Services should continue with minimal disruption. Schedule regular sessions with program clients. Dependability and routines can aid in providing trauma informed services during this state of emergency. Be mindful that client’s routines may be disrupted from the impact of COVID-19 as well, so staff are encouraged to maintain flexibility to meet the client’s needs.

Note: Medicaid clients can have more than 1 session per week, but not more than once a day. Sessions must be either 30 minutes (25 minutes of contact and 5 minutes of documentation) or the traditional 45-50 minute session. Additional guidance and instructions for intakes and psychiatry services will be provided.

**Documentation:** Center For Family Services is committed to provide services with as little service disruption as possible. Services shall continue where able in consideration of the health and safety of all. Every contact, including client contacts and collateral contacts, must be documented in the client’s electronic health record. Center For Family Services staff will document all telephonic or video sessions. These sessions are to be coded as individual sessions. Funders within our outpatient programs (Medicaid, Medicare and commercial insurance) allow for full and half sessions. Progress notes must indicate how the service was delivered, where the staff or clinician conducted the service, and where the client was during the session. Examples are included below.

**Phone Session Sample Documentation:**

**DATA:**  Provided Individual Therapy (Services, etc) via telephone. Reviewed Consent for Virtual or Teleservices with client (or parent/guardian).
**Clinician/Staff located:**  off site.
**Client located:**  home
PLAN: Continue to provide treatment via phone or video conferencing to ensure safety during delivery of services.

**Video Session Sample Documentation:**
DATA: Provided Individual Therapy (Services, etc) via teleconferencing. Reviewed Consent for Virtual or Teleservices with client (or parent/guardian).
Clinician/Staff located: off site.
Client located: home
PLAN: Continue to provide treatment via phone or video conferencing to ensure safety during delivery of services.

**Intake Video Session Sample Documentation:**
DATA: Intake completed via teleconferencing. All consents were reviewed with client (or parent/guardian), including Consent for Virtual or Teleservices.
Clinician/Staff located: off site.
Client located: home
PLAN: Client (or parent/guardian) agreed to sign all consents as soon as face-to-face contact is possible. Continue to provide treatment via phone or video conferencing to ensure safety during delivery of services.

**Medical Issues:** Staff should be aware of the client’s medical history, prescriptions and pharmaceutical options available when relevant to the services provided.

**Resources/Referrals:** Staff should familiarize themselves with the client’s location to learn about community resources that are available for the client, including in the event of a medical or mental health emergency.

**Boundaries and Guidelines:** Each program needs to define clear boundaries around client communication and contact. Communicate the expectations with staff and clients about technology utilization and response times. It is important to be flexible in our service provision, while maintaining appropriate professional boundaries. The Center For Family Services’ Code of Ethics must be maintained by all staff.

**Cultural Awareness:** In the provision of services, it is of vital importance to understand the client’s environmental and culture. With teleservices, staff are virtually entering the client’s home, so it is important to be respectful, and to be aware of the intersectionality of the client’s cultural identities. These factors should be included in providing high quality service provision.

**Special Considerations/Populations**

**Children and Adolescents:** Programs needs to take into consideration the age and development stage of the youth receiving services. The home environment and family members that may potentially interact or be affected by teleservices should also be assessed. This can include
technological resources, ability to utilize equipment, the size and space available and the safety of the home. Staff should be highly cognizant of potential risk factors, such as hostile home environments, to ensure the safety of all participants. Inclusion of adults and other family members should mimic traditional service delivery with some changes if needed. These adjustments could include an adult in the home assisting with physical portions of an assessment, assisting with managing the child in the home, or other related circumstances. Families that have a history of abuse or maltreatment will need attention and care to determine what services can be delivered safely and will benefit, rather than harm, the family dynamics.

Providers of DV/SV Prevention and Intervention Services (SERV): The protection of the safety and confidentiality of the survivors are of paramount importance. Care needs to be taken with digital communication and the survivors should be fully informed about service options to make a collaborative decision. Review with the survivors how to keep their information private and minimize sensitive information on their devices. Programs receiving Violence Against Women Act (VAWA), Victims of Crime Act (VOCA), or Family Violence Prevention and Services Act (FVPSA) funds CANNOT disclose survivors’ personally identifying information, unless mandated to do so by a statute or court order. Remind staff that there will be absolutely NO disclosure of anyone’s health status outside of a legal mandate.

As a result of the current COVID19 state of emergency, there are programming adjustments and considerations that need to be made. Program staff need to cut back on face-to-face, in-person contact as much as possible. High quality services are to be delivered in all service formats. The program must have a communication plan for survivors to be informed if services must be shut down completely.

Survivors are to be informed about their rights, confidentiality, mandatory reporting and other information as per standard service delivery at the beginning of services. Communicate what services are available to the survivors, including available technologies, the importance of their self-determination in services.

Clear and direct communication is very important for the services that are provided to the survivors. Automated responses, such as away messages, should be avoided, along with slang, emojis and other indirect communication methods. Languages should be provided by fluent speakers when possible, or with live interpreters, rather than automated translation services. Information collected and recorded from survivors should be kept to the minimum required to provide services. This is the same protocol as when providing traditional services.

Safety and Security utilizing Technology: Provide as much phone or video services as you can, utilize the SERV telehealth protocol for use of Zoom Healthcare and phone sessions.

- Utilize agency issued cell phones. Agency issues passcodes must be maintained. Security updated and anti-malware software is included with agency’s phones.
- No survivor contact information should be saved in the phone and the phone should be regularly cleaned digitally.
- Location sharing services should only be utilized with the permission of the survivor and should be limited.
- Dial *67 before initiating any call.
- Discuss safe ways to initiate communications, including who and when to engage in communication. If voicemails are left with permission from the survivor, then they should be kept brief and vague. All staff should be reminded about how to handle if a call is dropped or ended unexpectedly, and this communication should occur with the survivors as part of safety planning.
- Text communication should be utilized only with data encryption or communication with a secure app.
- Video and chat based services should follow the same protocols. Services cannot be saved or copied.

**Teleservices Emergency Protocol**

**Purpose:** To provide guidelines in an effort to establish a safe and secure environment for all participants in teleservices.

**Protocol:** Clients at the Center For Family Services will be able to receive high quality care through the provision of teleservices.

**Procedure:** If the staff perceives a threat to the client during teleservices, they shall immediately report it to their supervisor.

If a client states or suggests that they are abusing a child (or vulnerable adult) or has recently abused a child (or vulnerable adult), or a child (or vulnerable adult) is in danger of abuse, the staff is required to report this information to DCP&P, and/or the appropriate social service and/or legal authorities. Where a client is thought to be suicidal, to ensure the client’s safety, decisions as to how to safeguard the client should be made whenever possible with the client’s active participation in the decision making process. Workers should discuss with client the options available, e.g. being connected to counseling, crisis, contact with the suicide hotline, voluntary hospital admission, referral to medical or psychiatric service, out of hours contact with area mental health crisis where appropriate, and with the client’s consent, consultation with the client's family. The police or appropriate law enforcement agency may also be contacted. The program staff should complete the agency's incident report and conference with program supervisor to assess if any additional steps need to be taken.

If the staff determines that a client is a threat to themselves or others the specialist will:
- Inform the patient.
- Inform their supervisor at the Center For Family Services.
• Contact the crisis screening unit, as appropriate.
  o If applicable, the patient is sent to the crisis screening unit or emergency department.
  o The crisis screening unit determines whether the patient should be admitted (voluntary or in-voluntary) and whether there is an available bed.
• The staff will be accessible by phone for the client, their family and referral sources, such as inpatient facility’s emergency department staff, if necessary.