



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Mental Health, Developmental
Disabilities and Substance Abuse Services

JOSH STEIN • Governor

DEV DUTTA SANGVAI • Secretary

KELLY CROSBIE • Director

DIVISION OF MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND SUBSTANCE USE SERVICES DWI TELEHEALTH PROCEDURES

SCOPE: To remove barriers in accessing care for individuals without transportation, for those who do not have authorized DWI Providers in their area and those individuals whose primary language is other than English, to improve health equity and outcomes. DWI Services will continue to authorize providers based on facility location. Each location shall be in compliance with requirements for DWI Services Program Monitoring and be prepared to accommodate consumer request of in-person services.

POLICY STATEMENT: According to the Substance Abuse and Mental Health Services Administration (SAMHSA) "Telehealth has the potential to address the treatment gap, making treatment services more accessible and convenient, improving health outcomes, and reducing health disparities" (2021). The American Society of Addiction Medicine (ASAM) also recognizes the benefits of telehealth and notes that "Digital health platforms can also be used to facilitate biopsychosocial assessments" (2023).

DMH/DD/SUS and the DWI Services Team supports the option to facilitate DWI Assessments and ADETS via telehealth as defined below. Outpatient Services (DWI Short- and Longer-Term Treatment) may continue via telehealth as allowed by state and national (SAMHSA) standards.

EXCEPTION: Substance Abuse Intensive Outpatient Program (SAIOP) and Substance Abuse Comprehensive Outpatient Treatment (SACOT) must be provided in accordance with Division of Health Service Regulation (DHSR) licensure rules and, if applicable, Medicaid and DMH/DD/SUS policies.

ENFORCEMENT: The DWI Services Team is responsible for enforcement of this policy. The Team shall continue to conduct routine and complaint driven program monitoring to ensure provider compliance with the use of telehealth.



TERMS AND DEFINITIONS:

Telehealth is the use of two-way, real-time interactive audio and video where the client and provider can hear and see each other.

Virtual communications are technologies, other than video, to enable remote evaluation and consultation support between a provider and a client or a provider and another provider. Virtual communication may include telephone conversations (audio only); virtual portal communications (secure messaging); and store and forward (transfer of data from beneficiary using a camera or similar device that records (stores) an image that is sent by telecommunication to another site for consultation).

Wet Signature: a physical signature where a person uses wet ink to sign a document.

PROCEDURE:

All telehealth and virtual communication services shall be delivered in a manner that is consistent with the quality of care provided in-person.

All DWI Assessments, ADETS, and non-enhanced treatment services shall be conducted or delivered either in-person or via telehealth (audio and video). Virtual communications that are audio only should be for supporting data and consultation only.

Authorized DWI Providers that plan to provide telehealth services will submit the DWI Telehealth Application outlining how telehealth services will be implemented. Upon approval, providers will proceed as outlined herein. The requirements for DWI Service Delivery via Telehealth, as defined above, are as follows:

- a. Provider(s) will screen for appropriateness of the client for telehealth. According to SAMHSA, "appropriateness of telehealth may depend on several factors, including the
 - Nature and complexity of the intervention and the client's condition
 - Client's comfort with technology and telehealth appointment
 - Ease and preferences of accessing in-person services or using technology."
- b. All telehealth services must be provided over a secure HIPAA (Health Insurance Portability and Accountability Act) compliant, 42 CFR Part 2 compliant technology with live audio and video capabilities including, but not limited to, smart phones, tablets, and computers.
- c. Provider(s) shall ensure that services can be safely and effectively delivered using telehealth and virtual communications.



- d. Provider(s) shall consider if the use of telehealth is appropriate based on an individual's clinical needs, as well as their behavioral, physical, and cognitive abilities.
- e. The individual's safety must be carefully considered for the complexity of the services provided.
- f. In situations where a caregiver or facilitator is necessary to assist with the delivery of services via telehealth and virtual communications, their ability to assist and their safety must also be considered.
- g. Delivery of services using telehealth and virtual communications shall conform to professional standards of care: ethical practice, scope of practice, and other relevant federal, state, and institutional policies and requirements, such as relevant professional Practice Acts and Licensing Board rules. This includes contacting other states' credentialing boards when considering services to consumers who live outside of North Carolina. Providers are strongly encouraged to set virtual group expectations. Such expectations could include, but not be limited to, having cameras on to confirm attendance, participation and focus, smoking/vaping policy, safety concerns (no driving), confidentiality etc.
- h. Provider(s) shall obtain and document written treatment release of information (ROI). This can include electronic signatures or traditional "wet" signatures. The ROI must comport with HIPAA and 42 CFR Part 2 and include authentication (e.g., signature/date stamp) requirements. Further details on electronic signatures can be found in APSM 45-2 Records Management and Documentation Manual. (<https://files.nc.gov/ncdhhs/RMandDM%203rd%20Edition%209-1-16.pdf> 8-6)
- i. Individuals shall be informed that they are not required to seek services through telehealth and shall be allowed access to in-person services if the individual requests.
- j. Provider(s) shall verify the individual's identity before initiating service delivery via telehealth or virtual communications.
- k. Provider(s) shall ensure that the individual's privacy and confidentiality is protected to the best of their ability and with all applicable legal requirements and practice standards.
- l. Provider(s) shall comply with all applicable federal, state, and local laws and regulations including (HIPAA) and record retention requirements.



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In and Out of State Reviews:

In keeping with G.S. §122C-142.1(g) and Rule 10A NCAC 27G .3809(b), providers may accept documentation of services successfully completed outside of the NC DWI Network as long as they are “substantially similar” to NC guidelines. This would include the acceptance of services delivered via telehealth as defined above. Documentation of asynchronous (static, self-paced) services will not be accepted.

Reference:

Substance Abuse and Mental Health Services Administration (SAMHSA). Telehealth for the Treatment of Serious Mental Illness and Substance Use Disorders. SAMHSA Publication No. PEP21-06-02-001 Rockville, MD: National Mental Health and Substance Use Policy Laboratory. Substance Abuse and Mental Health Services Administration, 2021. <https://store.samhsa.gov/sites/default/files/pep21-06-02-001.pdf>

Waller, R.C., Boyle, M., Daviss, S., Fareed, A., Gomez-Luna, S., James, E., Johnson, K., Kang, N., Menarcheck, W., & Welch, W. (2023). The ASAM criteria: treatment for addictive, substance-related, and co-occurring conditions (Fourth edition). Hazelden Publishing, Center City, Mn.