|  |  |  |
| --- | --- | --- |
| **Agency Name** |  | |
| **Corporate Address** |  | |
| **Phone Number** |  | |
|  | | |
| **Name of Telehealth Platform(s)** | |  |

Where will telehealth be offered?

|  |  |
| --- | --- |
|  | All ASAM 1.0-AR, 1.0, 2.1, 1-WM, 2-WM, and/or OTP DMC locations. |
| **OR** | |
|  | All ASAM 1.0-AR, 1.0, 2.1, 1-WM, 2-WM, and/or OTP DMC locations, **EXCEPT THE FOLLOWING**: |
| [*insert applicable addresses and levels of care*] |

What services will you offer via telehealth immediately? This can be changed at any time without notifying SAPC.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Assessment |  | Individual Counseling |
|  | Intake Form Review |  | Crisis Intervention |
|  | Treatment Planning |  | Collateral Services |
|  | Recovery Support Services |  | Case Management |
|  | Group Counseling |  | Patient Education |

Please confirm that this Network Provider Agency and all sites/staff offering telehealth comply with the following:

|  |  |
| --- | --- |
|  | Telehealth platforms complies with the Health Insurance Portability and Accountability Act (HIPAA), California Medical Information Act (CMIA), and 42 Code of Regulations Part 2 (42 CFR Part 2).  **OR**  Telehealth platform may/does not comply with HIPPA, CMIA, and/or 42 CFR Part 2 but aligns with temporary federal Health and Human Services [(HHS) telehealth guidance](https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html) and where services will immediately cease upon HHS termination of this notice and in alignment with SAPC IN 20-03. |
|  |
|  | Service delivery location of performing staff complies with HIPAA, CIMA, and 42 CFR Part 2. |
|  | Staff rendering the services meet the requirements of Business and Professions Code, Section 2290.5(a)(3), or equivalent requirements under California law as applicable. |
|  | Agencies that provide Telehealth services must ensure that staff delivering services have the necessary knowledge, skills, and training to deliver high quality Telehealth services. |
|  | Patient verbal or written consent is documented in the treatment chart. |

The Department of Public Health, Substance Abuse Prevention and Control (DPH-SAPC) reviews telehealth compliance during monitoring sessions, including appropriateness of the telehealth platform and services delivered as well as adherence to the Department of Health Care Services’ [Medi-Cal Telehealth Policies](http://publichealth.lacounty.gov/sapc/NetworkProviders/Regulations.htm) as applicable.

*If you are providing telehealth services via the* [*HHS Notification*](https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html) *of Enforcement Discretion for Telehealth Remote Communications during the COVID-19 Nationwide Public Health Emergency, DPH-SAPC strongly encourages your agency to determine which HIPPA/CMIA/CFR42Part2 compliant telehealth platform to transition to upon termination of this notice in order to continue the delivery of telehealth services post-emergency.*

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| --- | --- |
|  |  |
| Name of Authorized Agency Staff | Title of Authorized Agency Staff |
|  |  |
| Signature of Authorized Agency Staff | Date |

Email the completed form to Daniel Deniz, Chief of the Contract Management and Compliance Unit at [ddeniz@ph.lacounty.gov](mailto:ddeniz@ph.lacounty.gov) and [sapcmonitoring@ph.lacounty.gov](mailto:sapcmonitoring@ph.lacounty.gov).