

MEMORANDUM

Department of Aging and Disability Services Regulatory Services Policy * Survey and Certification Clarification

TO: Regulatory Services
Regional Directors and State Office Managers

FROM: Veronda L. Durden
Assistant Commissioner
Regulatory Services

SUBJECT: S&CC 07-08 – Home Telehealth and Telephone Monitoring Clarifications

APPLIES TO: Home and Community Support Services Agencies (HCSSAs)

EFFECTIVE DATE: September 1, 2007

The following questions and answers address requests for clarification about HCSSAs' use of home telehealth and telephone monitoring.

Question #1

What is home telehealth?

Response – Home telehealth is a method of automated, off-site monitoring between a health care provider and a patient/client outside of a clinical health facility, in the patient/client's place of residence. Home telehealth involves the use of normal telephone lines and/or other communication systems for the exchange of information and data focused on health promotion, disease prevention, diagnosis, consultation, and education. It is an all-encompassing term that includes telemonitoring, interactive home telehealth, in-home messaging, and teletriage (all described in greater detail below).

Question #2

What is telephone monitoring?

Response – Telephone monitoring is a scheduled telephone call from the provider to the patient/client or caregiver to monitor the individual's health care or condition. This method does not use electronic processing technologies (e.g., interactive audio/video technology, EKG machines, still video images).

Question #3

What are the objectives of home telehealth and telephone monitoring?

Response – Home telehealth and telephone monitoring are used to monitor patient/client conditions, prevent unnecessary hospitalizations, reduce unscheduled nurse visits, allow earlier identification of changes in condition, increase patient/client and caregiver satisfaction with care, and ease the transition of the patient/client to self-care. Home telehealth and telephone monitoring are not a replacement for services that should be provided in person.

Question #4

What are the different types of home telehealth?

Response – There are several types of home telehealth:

- Telemonitoring – the collection and transmission of clinical data between a provider and a patient/client at a distant location through electronic processing technologies. The provider conducts a clinical review of the transferred data and responds as appropriate.
- Interactive home telehealth – includes the use of two-way, interactive audio/video technology between the provider and the patient/client. This technology allows remote care delivery (assessment, education, data collection) via devices installed in the patient/client's home, which deliver clinical information to the provider. Through interactive home telehealth, a provider can assess the information received and interact with the patient/client to obtain additional information and clarification sufficient to make clinical decisions about the care to be provided.
- In-home messaging – messaging devices or services with a dialogue box that guide the patient/client to answer questions related to disease management. These non-visual audio devices can be programmed to provide daily coaching, guidance, and feedback, while also collecting clinical data that may be sent via the Internet to the agency for assessment.
- Telerriage – an unscheduled process initiated by the patient/client by which skilled clinicians use the telephone or electronic processing technologies to determine the severity of an illness or injury, as well as the urgency of any needed treatment.

Question #5

What is self-monitoring and how does it relate to home telehealth and telephone monitoring?

Response – Self-monitoring is the periodic and scheduled collection of clinical data by a patient/client to assess his or her own health status. Commonly measured data include blood pressure, blood glucose, weight, and temperature. Competent self-monitoring is critical for effective home telehealth and telephone monitoring.

Question #6

May HCSSAs in Texas use home telehealth and telephone monitoring?

Response – Yes. HCSSAs in Texas may incorporate home telehealth and telephone monitoring within the range of services offered. Services delivered via home telehealth and telephone monitoring must meet the minimum standards for state licensure detailed in 40 Texas Administrative Code (TAC) Chapter 97. **Providing services via home telehealth or telephone monitoring does not remove any regulatory requirement**, including 40 TAC §97.288(a), which states: “An agency must adopt and enforce a written policy that requires effective coordination of care with all service providers involved in the care of a client, including physicians, contracted health care professionals, and other agencies.”

Services provided via home telehealth or telephone monitoring must be documented in the patient/client's clinical record in accordance with all applicable regulations, including 40 TAC §97.301(a)(7), which states: “Each entry to the client record must be current, accurate, signed, and dated with the date of entry by the individual making the entry.” Electronic clinical records, including those relating to services provided via home telehealth or telephone monitoring, must meet all the requirements of paper records, including protection from unofficial use.

A critical thing to remember is that the use of home telehealth and telephone monitoring is not a substitute for good nursing care nor is it a replacement for a poor system for monitoring

patients/clients' condition and outcomes. Clinical data obtained through telehealth and telephone monitoring that is not accurately obtained, evaluated, and responded to by the appropriate professional in a timely manner is of no benefit to the patient/client. If telehealth and telephone monitoring are not placed within a context of other appropriate interventions, they will not be effective. HCSSAs should carefully and critically review advice about home telehealth given by equipment vendors.

Question #7

Is home telehealth and/or telephone monitoring appropriate for all patients/clients?

Response – No. A HCSSA must assess the patient/client, family supports, and environment to determine whether home telehealth and/or telephone monitoring is appropriate. Patients/clients, staff, family, and other supports must all be educated about the services to be provided and the expectations for their involvement. Among other concerns, some patients/clients or others in the home may not be comfortable with the equipment. The home environment may not be conducive to using the equipment, or there may be concerns with the patient/client's ability to accurately obtain and record clinical data such as blood sugar or blood pressure readings.

Question #8

Are there special requirements for documenting home telehealth and telephone monitoring services?

Response – No. There are no special rules or requirements, but documentation must meet all applicable regulations, including 40 TAC §97.301(a), which reads: "In accordance with accepted principles of practice, an agency must establish and maintain a client record system to ensure that the care and services provided to each client are completely and accurately documented, readily accessible and systematically organized to facilitate the compilation and retrieval of information," and 40 TAC §97.301(a)(7), which reads: "Each entry to the client record must be current, accurate, signed, and dated with the date of entry by the individual making the entry."

Electronic or computerized records may be used as long as all applicable rules for clinical records are met. Electronic signatures may be used as long as the HCSSA ensures that the records can be reconstructed if needed and are protected against unofficial use. The system must include a way to verify when an electronic entry was made or edited.

Question #9

Is a physician's order required for home telehealth or telephone monitoring?

Response – If a physician directs a HCSSA to provide specific services to a patient/client and the HCSSA chooses to provide any of those ordered services via home telehealth or telephone monitoring in lieu of on-site visits, the physician must be notified and the order for care must include a specific description of which services will be provided via telehealth or telephone monitoring.

Question #10

May HCSSAs use forms of telehealth such as telemonitoring, interactive home telehealth, in-home messaging, or self-monitoring as an additional service not addressed in the plan of care (POC) without a physician's order?

Response – Yes. A physician's order is not needed to provide additional monitoring via telehealth beyond the services ordered on the POC. However, the physician must be notified of

changes in the patient/client's condition that are identified through telehealth that may warrant a change in the POC. The HCSSA must ensure that any concerns or abnormal findings discovered during any method of remote monitoring are immediately and appropriately addressed.

Question #11

May HCSSAs make supplemental telephone calls to patients/clients for telephone monitoring outside of the parameters detailed on the POC?

Response – Yes. There is no need for a physician's order to make supplemental telephone calls to a patient/client, but the physician must be notified and has to approve any changes to the POC that result from such telephone contacts. The HCSSA must also ensure that any concerns or abnormal findings discovered during a telephone call are immediately and appropriately addressed.

Question #12

Must a registered nurse (RN) make these supplemental telephone calls?

Response – It depends on the circumstances. If the telephone call includes assessment of the patient/client (i.e., triage of patient/client condition over the telephone) or use of independent nursing judgment, then an RN is required to make the call. If the telephone call is used to collect specific data (blood sugar readings, vital signs, etc.) and the data collected falls within specific parameters (as defined and documented on the POC), an RN is not required to make the call. If the data falls outside of specified parameters, the HCSSA must have protocols in place to ensure that the appropriate professional personnel are notified and appropriate action is taken. Please also note that a licensed vocational nurse (LVN) may not perform a telephonic nursing assessment by proxy for the RN. The RN must perform the telephonic nursing assessment directly.

Question #13

May LVNs perform teletriage (i.e., make treatment decisions based on data collected over the telephone)?

Response – No. According to the Texas Board of Nursing (TBN), teletriage, including telephonic nursing and telephone triage, is outside the scope of practice for an LVN. An RN must perform this function, as it requires a comprehensive, rather than a focused, assessment. This assessment serves as the basis for the RN's independent nursing judgment for appropriate nursing interventions. For more information, click here to review the TBN's frequently asked questions ([FAQs](#)).

Question #14

What is the basis for this limitation of activities for an LVN?

Response – Chapter 301 of the Texas Occupations Code (also known as the Nurse Practice Act (NPA)) defines "vocational nursing" as requiring a "directed" scope of practice for LVNs. Section 301.353 of the NPA requires appropriate supervision of an LVN's practice in any setting. An excerpt from the TBN FAQ on LVNs and telephonic nursing states:

"A board document titled 'Differentiated Entry Level Competencies of Graduates of Texas Nursing Programs' states in part that 'LVN nursing programs in Texas prepare entry-level bedside nurses to care for acutely and chronically ill patients with predictable health outcomes

in structured healthcare delivery settings.’ This document further describes that LVNs are educated in basic head-to-toe assessment using the senses of sight, smell, touch, and hearing. In ... telephonic ... triage situations, the LVN is likely to be dealing with a situation where the client’s condition is not predictable.”

As an LVN may only perform a focused assessment, and as telephonic triage could require the LVN to make independent nursing judgments to determine appropriate treatments and priorities, an LVN may not engage in this task.

Question #15

Who is allowed to review clinical data sent from a patient/client’s home to a HCSSA via electronic processing technologies?

Response – Clinical data sent from a patient/client’s home to a HCSSA must be reviewed and appropriately acted upon by an RN if the data sent is to be used for an assessment of the patient/client (i.e., to decide if triage of the patient/client is condition in person or over the telephone is needed) or if interpretation of the data requires the use of independent nursing judgment. If the data collected falls within specific parameters (as defined and documented on the POC), an RN is not required to view/receive the data. If the data falls outside specified parameters, the HCSSA must have protocols in place to ensure that the appropriate professional personnel are notified and appropriate action is taken.

Question #16

For agencies that are licensed and certified to provide home health services, may a comprehensive assessment required by the Code of Federal Regulations at §484.55 regarding OASIS (Outcome and Assessment Information Set) be completed over the telephone via home telehealth or telephone monitoring?

Response – No. A qualified professional (RN, physical therapist, speech therapist, occupational therapist) must visit the patient in person to conduct and complete each required OASIS assessment. The only two exceptions in a licensed and certified home health agency are the required “transfer to an inpatient facility” and “death at home” assessments. In these two instances only, the qualified professional may collect the information to complete the assessments by telephone.

Question #17

May an initial comprehensive assessment or a reassessment required by the licensing standards be completed over the telephone or via home telehealth or telephone monitoring?

Response – No. In the licensing standards, the assessment and reassessments are described as a visit, implying that the assessments must be made in person. For more information regarding assessments and reassessments in licensed agencies, refer to the following rule sections at 40 TAC §97.401(b)(2), which states, “An initial health assessment must be performed in the client’s residence by the appropriate health care professional prior to or at the time that licensed home health services are initially provided to the client”; §97.243(c)(2)(A)(iv), which states, “The supervising nurse or alternate supervising nurse must ... ensure that an appropriate health care professional performs a reassessment of a client’s needs”; and §97.403(g), which states, “Prior to the start of care, the hospice physician or registered nurse must make an initial health assessment visit to determine the immediate care and support needs of the client.”

Question #18

What are the requirements for notifying patients/clients about home telehealth and telephone monitoring?

Response – As described in 40 TAC §97.292(a), the agency must “provide the client or the client's family with a written agreement for services.” The agreement must include a description of the services to be provided. The agreement must describe the method of service delivery and clearly note which services will be provided via home telehealth or telephone monitoring.

Question #19

Must agencies include home telehealth and telephone monitoring in their quality assessment process?

Response – Yes. HCSSAs that use home telehealth or telephone monitoring must include an assessment of these programs in their required quality assessment activities. The quality assessment process must include an evaluation of the total operation of the agency, including home telehealth and telephone monitoring when used by the agency. The HCSSA should establish specific staffing policies for training and education regarding home telehealth and telephone monitoring, including the equipment to be used. The HCSSA must also establish and review procedures and policies related to equipment maintenance and repair to ensure that accurate data is obtained. This review should also address backup plans in the event of equipment or power failure.

Question #20

How may HCSSAs be reimbursed for providing services via home telehealth and/or telephone monitoring?

Response – DADS Regulatory Services cannot address reimbursement issues related to home telehealth and/or telephone monitoring. Specific questions about reimbursement should be directed to the relevant fiscal intermediary, insurance agency, or contract manager.

If you have questions concerning this memorandum, please contact a HCSSA program specialist in the Policy, Rules, and Curriculum Development Unit at (512) 438-3161.