Telehealth Collaboration Workflows

Pioneering Telehealth to Save Lives through Immediate Access to Opioid Treatment in Rural Rhode Island
Telehealth Collaboration Workflow

How to Use this Document

The Telehealth Collaboration Workflow defines Codac’s Community Health Center workflow for providing medication for new Community Health Center patients who must wait to see a PCP after the first call for help. Codac developed the workflow in partnership with Thundermist Community Health Centers. This is a pilot Telehealth project in the context of a grant received by Codac to support the expansion of rural Telehealth for opioid treatment in Rhode Island. The workflow defines the process steps, roles in the process and support tools necessary to complete the process.

Hyperlinks are active! Rather than navigating page by page like a manual, this is an interactive tool designed to let you control your direction. The legend below describes the icons used to navigate through the PDF. Click on active icons to view documents, forms, and best practices.

Legend

The above shapes are Hyperlinks!

Contact: Christine Atkin, atkin@codacinc.org
CODAC TeleHealth Treatment: Thundermist Workflow

**Process Stage: Definition**

### Intake & Assessment
- New THC Patient
- Thundermist Patient Care Coordinator
- Thundermist Nurse Care Manager
- Codac Provider + MA

### Evaluation & Treatment
- Evaluation & Treatment

### Discharge
- Discharge

### Follow Up
- Follow Up

#### Documents
- THC Prescreen
- Codac ROIs & Consent
- Patient ID
- Insurance ID
- THC Intake Note
- COWS
- THC Nursing Assessment Note
- Codac Prescriber Evaluation Note
- Codac EMR
- THC EMR
- Codac_THC Patient Tracing Sheet
- Codac Follow Up Template
- THC Template

#### Systems & Data
- Telephone
- Email
- Codac EMR
- THC EMR
- Cameras
- Telephone
- Email
- Codac EMR
- THC EMR
- Telephone
- Email
- Codac EMR
- THC EMR
- Telephone
- Email
- Codac EMR
- THC EMR
CODAC TeleHealth Treatment: Thundermist Workflow

**Process Stage: Definition**

1. **New THC Patient**
   - **Intake & Assessment**
     - Thundermist Patient Care Coordinator

2. **Thundermist Nurse Care Manager**
   - **Evaluation & Treatment**
   - Codac Provider + MA

3. **Codac Documents & Data**
   - **Discharge**
   - Codac EMR
   - THC EMR
   - Codac Follow Up Template
   - THC Template

4. **Follow Up**
   - Telephone
   - Email
   - Codac EMR
   - THC EMR
   - Cameras

**Documents**
- THC Prescreen
- Codac ROIs & Consent
- Patient ID
- Insurance ID
- THC Intake Note
- COWS
- THC Nursing Assessment Note
- Codac Prescriber Evaluation Note
- Codac EMR
- THC EMR
- Codac_THC Patient Tracing Sheet
- Codac Follow Up Template
- THC Template

**Systems & Data**
- Telephone
- Email
- Codac EMR
- THC EMR
CODAC TeleHealth Treatment: Thundermist Workflow

**New THC Patient**
- Calls Comes into Thundermist for Help w/ Opioid Use: Requesting Suboxone Treatment

**Thundermist Patient Care Coordinator**
- Pre-Screen Patient for Treatment Need + TeleHealth + Insurance Info + Peer Recovery
- Qualified?
  - YES: Follow Thundermist Process for PCP/SA treatment referral
  - NO: NO
- YES: Request Verbal Authorization to contact Codac for appt & give Insurance Info
- NO: Call Codac for Appt Time & Transmit First Contact Documentation

**Codac MA**
- Give Patient Appt Information and Prep Instructions

**Documents**
- THC Brief Buprenorphine/ naloxone intake (THC Prescreen)
- THC Brief Buprenorphine/naloxone intake
- Documentation of verbal authorization
- Codac Frist Contact Form
- Prescriber Schedule
- TeleHealth Appt Log
- Prescriber Calendar
- Suboxone Treatment Preparation Instructions
- What to bring to appointment

**Systems & Data**
- Phone or F2F
- Phone or F2F
- THC EMR
- THC EMR
- THC EMR

**Process:** Intake & Assessment: New Patient Screening

**Calls**
- Codac Patient Care Coordinator
- Thundermist MA

**Receive Appt Information & Prep Instructions**
# CODAC TeleHealth Treatment: Thundermist Workflow

## Process: Intake & Assessment / TeleHealth Admission

<table>
<thead>
<tr>
<th>New THC Patient</th>
<th>Thundermist Patient Care Coordinator</th>
<th>Thundermist Nurse Care Manager</th>
<th>Codac MA</th>
<th>Documents</th>
<th>Systems &amp; Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Come to Thundermist to Complete Admission / Begin Day 1 Induction</td>
<td>Give Patient TeleHealth Intake Forms for Completion</td>
<td>Notify Codac MA &amp; THC NCM that Patient is at THC</td>
<td>Set up TeleHealth Camera</td>
<td>THC Intake Forms</td>
<td>THC ERM</td>
</tr>
<tr>
<td>Complete Intake Forms &amp; Returns them to THC PCC</td>
<td>Confirm Patient PCP Appt &amp; Conduct Patient Warm Hand Off to THC NCM for Telehealth</td>
<td>Set up TeleHealth Camera</td>
<td>Pull Pt PMP Report for Provider</td>
<td>Codac 2-way Release Ins.</td>
<td>Phone or eMail</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Codac Consent to Medicate</td>
<td>TeleHealth Camera</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Insurance ID</td>
<td>PMP</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Patient ID</td>
<td>eMail</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Best Practice
- Admit Forms

### Documents
- THC Intake Forms
- Codac 2-way Release Ins.
- Codac 2-way Release Health Info
- Codac Consent to Medicate
- Insurance ID
- Patient ID

### Systems & Data
- THC ERM
- Phone or eMail
- TeleHealth Camera
- PMP
- eMail
- Codac File share
- Codac EMR
CODAC TeleHealth Treatment: Thundermist Workflow

Process: Evaluation & Treatment: Day 1 Induction_THC NCM Assessment

New THC Patient

- Conduct Physical Exam, Complete Lab Work, Assess for Narcan, pull PMPreport
- Conduct Physical Exam, Complete Medical Assessments
- Record Results / Assessments in Assessment Summary note & email to Codac
- Inform Codac MA patient is Ready

Thundermist NCM

- Conduct Physical Exam, Complete Lab Work, Assess for Narcan, pull PMPreport
- Conduct Physical Exam, Complete Medical Assessments
- Record Results / Assessments in Assessment Summary note & email to Codac
- Inform Codac MA patient is Ready

Codac MA

- Retrieve Patient Evaluation from File Share & give to Codac Provider
- Confirm Patient is ready and Engage w/ Codac Provider
- Notify Billing Intake Forms on file Share Platform
- End MA

Codac Provider

- Review Patient Information from THC
- Make Camera Call & Engage with THC NCM & Patient

COWS Form

Documents

- Rapid UTOX
- Labs for LFTs
- Hep & HIV Screens
- Pregnancy
- Vital Signs
- PMP

- COWS
- Contraindications for Suboxone

- Rapid UTOX
- Labs for LFTs
- Hep & HIV Screens
- Pregnancy
- Vital Signs
- PMP

- COWS
- Contraindications for Suboxone

Systems & Data

- THC ERM
- PMP
- Paper Forms
- THC ERM email
- Phone email
- Codac File Share email
- TeleHealth Cameras
CODAC TeleHealth Treatment: Thundermist Workflow

**Process Stage:** Definition

**New THC Patient**

**Thundersmist Patient Care Coordinator**

**Thundersmist Nurse Care Manager**

**Codac Provider + MA**

**Documents**
- THC Intake Assessments THC ROI
- Codac Consent
- Patient ID
- Insurance ID
- THC Intake Note
- ROI & Consent
- THC Intake Note
- COWS
- THC Nursing Assessment Note
- Codac Template
- THC Template
- Codac Follow Up Template
- THC Template

**Systems & Data**
- Telephone THC EMR
- Telephone TeleHealth Codac EMR Codac Chart THC EMR
- Codac EMR THC EMR
- Codac EMR THC EMR

**Intake & Assessment**

**Evaluation & Treatment**

**Discharge**

**Follow Up**
**CODAC TeleHealth Treatment: Thundermist Workflow**

**Telehealth Patient**
- Return to THC w/ Medication Prescription
- Instruct patient on how to take medication
- Take Medication

**Thundermist NCM**
- Observe patient take medication & monitor patient for reaction

**Codac Provider**
- Consult w/ Codac Provider
- Evaluate Reaction & Determine Next Steps (eg. 2nd dose; not appropriate for Suboxone, etc.)

**Documents**
- Appropriate Documentation

**Systems & Data**
- THC EMR
- Phone
  - Email
- Telehealth camera
- THC EMR
- Codac EMR

**Process: Evaluation & Treatment: Induction Day 1_Medication Induction**
- Reaction?
  - NO
    - Remind Day 2 appointment & send patient home
  - YES
    - Go to Day 2 Induction
- End Treatment if Appropriate & Refer

- Go home w/ instructions to return for Day 2
CODAC TeleHealth Treatment: Thundermist Workflow

Process: Evaluation & Treatment: Induction Day 2 & 3_Medication Induction

Telehealth Patient
- Assess Patient Response to Medication
  - Pt in Withdrawal? NO
    - Consult w/ Codac Provider
  - YES
- Take Medication
- Observe patient take medication & monitor patient for reaction
- Induction successful? YES
  - Remind Day 2 appointment & send patient home
  - Go home w/ instructions to return for Day 2
- NO
- Induction successful?
  - Consult w/ Codac Provider
- Evaluate Patient & Determine Next Steps (eg. 2nd dose, not appropriate for Suboxone, etc).
- Increase Dosage? NO
  - Evaluate & End Treatment if Appropriate & Refer
  - Go to Day 3 Induction (Repeat Day 2)
- YES
- NOTE
  - Prescription for time to PCP appt issued on Day 1 – THC NCM to release weekly
  - Go to Prescription Renewal (if needed)

Thundermist NCM
- Appropriate Documentation
- Appropriate Documentation
- Appropriate Documentation

Codac Provider
- Appropriate Documentation

Documents
- Appropriate Documentation
- Appropriate Documentation
- Appropriate Documentation

Systems & Data
- Phone
- Email
- Telehealth camera
- THC EMR
- Codac EMR
CODAC TeleHealth Treatment: Thundermist Workflow

**Telehealth Patient**
- Patient comes in for Followup & Requests Prescription Renewal
  - Continue Medication?
    - **YES:** Contact Codac Provider via Telehealth
    - **NO:** Assess & Contact Codac Provider as Appropriate.
  - Evaluate Patient & Determine Next Steps
    - Refill?
      - **YES:** Authorize Refill and Call in to Pharmacy
      - **NO:** End Codac Prescriber

**Codac Provider**
- Assess Patient Response to Medication
  - Continue Medication?
    - **YES:** Contact Codac Provider via Telehealth
    - **NO:** Assess & Contact Codac Provider as Appropriate.
  - Evaluate Patient & Determine Next Steps
    - Refill?
      - **YES:** Authorize Refill and Call in to Pharmacy
      - **NO:** End Codac Prescriber

**Function**
- COWS
- Rapid UTOX
- Appropriate Documentation
- Appropriate Documentation

**Systems & Data**
- Telehealth Platform: Telehealth Platform
  - Phone
  - THC EMR
  - Codac EMR
- Phone
  - THC EMR
  - Codac EMR

**Process:**
- Evaluation & Treatment: Prescription Renewal Evaluation (if needed)
- Receive Prescription & Go home w/ THC NCM Instructions
- End Telehealth Program
- Go to Discharge
CODAC TeleHealth Administration & Billing: Thundermist Workflow

**Process Stage: Definition for Telehealth Administration**

- **New THC Patient**
  - Thundermist Patient Coordinator
  - Thundermist Nurse Care Manager
  - Codac Provider + MA

- **Intake & Assessment**
  - THC Intake Assessments THC ROI
  - Codac Consent
  - Patient ID
  - Insurance ID
  - THC Intake Note

- **Evaluation & Treatment**
  - ROI & Consent
  - THC Intake Note
  - COWS
  - THC Nursing Assessment Note

- **Discharge**
  - Codac Template
  - THC Template

- **Follow Up**
  - Codac Follow Up Template
  - THC Template

**Systems & Data**
- Telephone THC EMR
- Telephone TeleHealth Codac EMR
- Codac Chart THC EMR
- Codac EMR THC EMR
- Codac EMR THC EMR
CODAC TeleHealth Administration & Billing: Thundermist Workflow

Process: Intake & Assessment / CODAC TeleHealth Preadmission

Codac Billing Manager
- Inform Codac Billing manager
- Go to Telehealth Admission

Codac Medical Assistant (MA)
- Download Docs & place on Codac File Share
- Contact Codac Assigned Billing Manager
- Upload Docs to SMART

Documents
- THC PreScreen Summary
- Indication of Verbal Authorization
- Codac First Contact
- THC PreScreen Summary
- Indication of Verbal Authorization
- Codac First Contact
- THC PreScreen Summary
- Indication of Verbal Authorization
- Codac First Contact

Systems & Data
- Phone
- Codac EMR
- Codac File Share
- eMail

Form
CODAC TeleHealth Administration & Billing: Thundermist Workflow

**Process: Intake & Assessment / CODAC Administrative Admission**

**Codac Billing Manager**
- Upload forms to Desktop & Run Insurance Check
- Add Insurance to EMR Record & Scan Documents
- Notify MA that record is Accessible & Record In Spreadsheet
- End Billing Manager

**Codac Medical Assistant (MA)**
- Inform Billing Manager Pt Documentation Available for Pt Activation
- Activate Pt Record for Access & Billing
- Access Activated Pt Record to Record Appropriate Case Notes
- Go to Insurance Billing

**Documents**
- Codac Consent to Treatment
- THC 2-way ROI
- Consent to Bill Ins.
- Insurance ID
- Patient ID
- Thundermist Sliding Scale
- Codac File Share
- Phone
- Codac EMR
- Codac Excel Spreadsheet

**Systems & Data**
- Phone
- Email

**Qualified?**
- YES
  - Activate Pt Record for Access & Billing
- NO
  - Follow Self-Pay Sliding Scale Process
CODAC TeleHealth Administration & Billing: Thundermist Workflow

Process: Evaluation & Treatment: Billing Insurance

Codac Billing Manager

- Review Billing Spreadsheet (Weekly)
- Call THC Billing Manager & Verify Pt's (Bi-weekly)

Codac Billing Specialist

- Join Conference Call & Verify Pt's (Bi-weekly)
- End Codac Verification
- Thundermist Billing Process

End & Repeat Billing Process (Bi-Weekly)

- Co-Pay or Self Pay Process
- Transmit to Billing Specialist

Thundermist Billing Manager

- Transmit Claims to Ins. Carriers for Payment

Documents

- Excel Spreadsheet for Billing Review
- Excel Spreadsheet for Billing Review

Billing Spreadsheet

Codac EMR

Codac EMR Carrier Website

Systems & Data

Excel
CODAC TeleHealth Administration & Billing: Thundermist Workflow

**Process: Discharge**

**Codac Billing Manager**
- Review Billing Spreadsheet (Weekly)
- Review Pt Status in SMART
- Treatment Complete
  - YES: Discharge Pt in SMART
  - NO: Review Pt Status in SMART
- Notify Billing Specialist of Discharge

**Codac Billing Specialist**
- Review Pt Status in SMART
- Treatment Complete
- Discharge Pt in SMART
- Notify Billing Specialist of Discharge
- Review & Transmit final Claims to Ins. Carriers for Payment
- End Pt TeleHealth Billing

**Documents**
- Excel Spreadsheet for Billing Review
- Excel Spreadsheet for Billing Review
- Excel Spreadsheet for Billing Review

**Systems & Data**
- Codac EMR Excel
- Codac EMR Excel Carrier Website
Back To Patient Prescreen

Back To Admin Admission

Codac Behavioral Healthcare
Telehealth Initial Contact Form

SSN 123-456-7890 DATE 1/1/2020

LAST NAME Smith FIRST NAME John MI A DATE OF BIRTH 12/1/2000

STREET ADDRESS Click here to enter text.

CITY Click here to enter text. STATE Click here to enter text. ZIP Click here to enter text.

PHONE # (H) Click here to enter text. (C) Click here to enter text. OK TO SAY CODAC? Yes ☐ No ☐

SOURCE: Thundermist Telehealth

PRIMARY SUBSTANCE: Opiates PREGNANT: Yes ☐ No ☐ NA ☐

EMERGENCY CONTACT: Click here to enter text.

IF MINOR: NAME OF RESPONSIBLE ADULT/GUARDIAN Click here to enter text.

RELATIONSHIP TO PATIENT: Click here to enter text.

INSURANCE: Yes ☐ No ☐ SELF PAY: ☐

NAME OF INSURANCE: Choose an item. POLICY #: Click here to enter text. (Recipient ID) Click here to enter text.

NAME OF PRIMARY CARDHOLDER: Click here to enter text. RELATIONSHIP TO PATIENT: Click here to enter text. POLICY HOLDER DOB: Click here to enter a date.

FOR CODAC USE

Deductible: Click here to enter text. Authorization #: Click here to enter text. Effective Dates of Authorization: Click here to enter text.

Copay: Click here to enter text. Type of Authorization (Assess/Indy/Group): Choose an item.

Phone #:/Contact: Click here to enter text. Comments/Additional Info: Click here to enter text.

Admission/Intake Date: Click here to enter a date. Time: Click here to enter a date. Initials: Click here to enter text.

SMART ID #: Click here to enter text. Date SMART Admit Completed: Click here to enter a date. By: Click here to enter text.
Codac Behavioral Healthcare
Authorization to Release Information Pertaining to Telehealth Treatment

Patient Name: __________________________ Date of Birth: __________________________

Please check mark the name of your insurance provider below:

☐ Blue Cross  ☐ Cigna Health Plan  ☐ Neighborhood Health

☐ Tufts  ☐ United Health Care  ☐ Medicaid

For the sole purpose of determining, arranging for, and garnering payment for treatment services
I __________________________ hereby authorize Codac, Inc. to

(patient name)

Obtain From and Release To the above identified insurance provider the following information:

✓ Presence in Treatment  ✓ Treatment Plan  ✓ Benefits Eligibility  ✓ Payment

✓ Medication Interventions  ✓ Demographic Information  ✓ Demographic Information  ✓ Diagnosis

✓ Health Condition & Status  ✓ Mental Health Conditions & Status

Other: __________________________

Information inclusive of HIV testing, psychiatric notes and/or venereal disease, and/or other sensitive
information related to my treatment: Yes ______ No ______ (Patient must initial yes or no. This must be
completed for this release to be valid.)

This consent is subject to revocation by the patient named above or the other authorized person signed below at
anytime except to the extent that the insurance provider named above and/or Codac have already taken action in
reliance on it.

If not previously revoked, this consent will terminate upon: Discharge from Codac Telehealth

Patient’s Signature (or authorized person) Relationship to Patient (if person is not the patient)

Witness (Thundermist Staff) Date

The information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR part 2)
effective. The Federal rules prohibit you from making any further disclosure unless expressly permitted by the
written consent of the person to whom it pertains or as otherwise permitted by 42 CFR, part 2. A general
authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules
restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

A patient may revoke this authorization at any time either by written or verbal statement.

Such revocation will be noted by patient Signature __________________ and Date ____________
which will be witnessed by a Thundermist Employee Signature __________________ and Date ____________.

The revocation will become effective immediately for any release not already made under the terms of the previously signed authorization. If verbally revoked by telephone or other
means indicate the Date ____________ and Time ____________ (AM/PM) notification was received and by
Name __________________________

6.14.2019
Go To Consent To Medicate

Codac Behavioral Healthcare
Authorization to Release Information Pertaining to Telehealth Treatment

Patient Name: ___________________________ Date of Birth: _____________

For the sole purpose of Telehealth encounters with a designated Codac Provider

I ______________________________ hereby authorize Codac, Inc to

Obtain From and Release To Thundermist the following information:
✓ Health Care Summary (Most recent physical, med list, problem list)
✓ Lab / Bloodwork
✓ Progress Notes
✓ Toxicology Screen Results
✓ Billing information including deductible pays and self-pays

Information inclusive of HIV testing, psychiatric notes and/or venereal disease, and/or other sensitive information related to my treatment: Yes ______ No_______ (Patient must initial yes or no. This must be completed for this release to be valid.)

This consent is subject to revocation by the patient named above or the other authorized person signed below at anytime except to the extent that Thundermist and/or Codac have already taken action in reliance on it.

If not previously revoked, this consent will terminate upon: Discharge from Codac Telehealth

Click here to enter text. Patient’s Signature (or authorized person) _______ Click here to enter text. Relationship to Patient (If person is not the patient) _______

Click here to enter text. Witness (Thundermist Staff) _______ Click here to enter a date. Date _______

The information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR part 2) effective. The Federal rules prohibit you from making any further disclosure unless expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR, part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

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6.14.2019
ACKNOWLEDGEMENT OF RECEIPTS:

I have read this form or have had it read to me. I have received answers to any questions I had about this form and the policies and information it contains.

The following forms are included below:

CONSENT TO MEDICATE WITH AN APPROVED NARCOTIC
MULTIPLE OPIOID TREATMENT PROGRAM ENROLLMENTS
PATIENT CLEARANCE
PRESCRIPTION POLICY

Agency: CODAC, Inc.

Medical Director Name: Susan Hart, MD

I hereby authorize and give voluntary consent to the CODAC and/or any appropriately authorized designee. The Medical Director may select to prescribe the drug buprenorphine in the treatment for my dependence on opioids or other drugs.

The procedures to treat my condition have been explained to me, and I understand that it will involve my taking the prescribed buprenorphine as directed by the CODAC medical provider, which will help control my dependence on opioids.

It has been explained to me that buprenorphine is a narcotic drug which can be harmful if taken without medical supervision. I further understand that buprenorphine is addictive medications and may produce adverse results. The alternative method of treatment, the possible risks involved, and the possibilities of complications have been explained to me and I still wish to receive buprenorphine due to the risk of my return to opioids.

I understand that by engaging in the Codac Telehealth treatment program, I am consenting to receive a short term medical intervention provided by a CODAC medical provider. Following a treatment evaluation with a CODAC prescriber, I may receive a prescription for buprenorphine. If the prescriber determines that this is an appropriate treatment for me. That prescription will be for a brief period. I keep the scheduled appointment with a primary care physician (PCP) at Thundermist.

I understand that I may withdraw from this treatment program and discontinue the use of any medication anytime and I shall be afforded detoxification under medical supervision.

I agree that I shall inform any medical provider who may treat me for any medical problems that I am enrolled in a buprenorphine treatment since the use of other medications in conjunction with buprenorphine prescribed by the treatment program may cause interactions and/or harm.

-1- 6.14.2019

Patient’s Signature Date

-2- 6.14.2019

CODAC Behavioral Healthcare Consent to Medicate with an Approved Narcotic
## Clinical Opiate Withdrawal Scale (COWS)

**For Dose Evaluation**

<table>
<thead>
<tr>
<th>Current Dose:</th>
<th>Date:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Description</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resting pulse rate</td>
<td>______ beats/minute</td>
<td></td>
</tr>
<tr>
<td>GI Upset</td>
<td>over last ½ hour</td>
<td></td>
</tr>
<tr>
<td>Sweat</td>
<td>over past ½ hour not accounted for by room temperature or patient activity</td>
<td></td>
</tr>
<tr>
<td>Tremor</td>
<td>observation of outstretched hands</td>
<td></td>
</tr>
<tr>
<td>Restlessness</td>
<td>Observation during assessment</td>
<td></td>
</tr>
<tr>
<td>Yawning</td>
<td>observation during assessment</td>
<td></td>
</tr>
<tr>
<td>Anxiety or Irritability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gooseflesh skin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mild Withdrawals</td>
<td>5-12 points</td>
<td></td>
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<tr>
<td>Moderate Withdrawals</td>
<td>13-24 points</td>
<td></td>
</tr>
<tr>
<td>Moderately Severe Withdrawals</td>
<td>25-36 points</td>
<td></td>
</tr>
<tr>
<td>Severe Withdrawals</td>
<td>over 36 points</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL SCORE:**

| PT ID: | Last Used (Drug/route/amount/ # of hrs prior to COWS): | Observer’s Name: |
## TELEHEALTH Billing Reconciliation: CODAC Behavioral Healthcare & Thundermist

This spreadsheet is for the purpose of matching and reconciling billing between the participating TeleHealth organizations.  

*NOTE: As other providers are added to TeleHealth the spreadsheet will be expanded to accommodate providers in tabular format.*

<table>
<thead>
<tr>
<th>Codac PT ID</th>
<th>Co-Pay Amount</th>
<th>Self-Pay Amount Day 1</th>
<th>Self-Pay Amount Each Added Day</th>
<th>Billing Entity Codac Day 1 Induction Date</th>
<th>Billing Entity Codac Day 2 Induction Date</th>
<th>Billing Entity Codac Day 3 Induction Date</th>
<th>Billing Entity Codac Followup Evaluation for Presc. Renewal</th>
<th>THC PT ID</th>
<th>Billing Entity THC Day 1 Induction Date</th>
<th>Billing Entity THC Day 2 Induction Date</th>
<th>Billing Entity THC Day 3 Induction Date</th>
<th>Billing Entity Codac Followup Evaluation for Presc. Renewal</th>
<th>Carrier ID</th>
<th>Notes</th>
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<td>$20.00</td>
<td>$111.00</td>
<td>$56.00</td>
<td>12/20/2018</td>
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Tips About the Telecommunications Equipment

At least 20 minutes prior to the scheduled start of the encounter:

• Frame the client in the picture slightly left of center to allow space for the picture-in-picture (PIP) at the consulting site without obscuring the client.

• If more than one person is attending the consult, place chairs close to one another.

• Preset a close shot of the client’s upper body and a full-body shot. The provider can better assess posture and nonverbal communication with these views.

• When adjusting your camera, try to fill the screen as much as possible with people rather than with the table, chairs, walls, lights, or the floor.
Telehealth Technology
Camera Best Practices

Tips About the Telecommunications Equipment, continued

• Refer to the camera instructions to white balance and focus the camera prior to each use. Compare skin color on the monitor screen with actual color off camera to determine accurate color settings.

• Use a tripod. Even minimal movement made while holding the camera is magnified on the screen. When practical, it is preferable to use the tripod.

• Have blue cloth draping available during a consult. Blue enhances skin tones.

• Solid backgrounds without patterns are preferred for video conferencing.

• Use overhead fluorescent lighting.