



Ohio Administrative Code Rule 5122-29-31 Telehealth.

Effective: July 1, 2022

(A) For purposes of this chapter, telehealth means the use of, real-time audiovisual communications of such quality as to permit accurate and meaningful interaction between at least two persons, one of which is a certified provider of the service being provided pursuant to Chapter 5122-25 of the Administrative Code. Asynchronous modalities that do not have both audio and video elements are considered telehealth.

(B) "Originating site" means the site where a client is located at the time the service is furnished.

(C) "Distant site" means the site where the eligible provider is located at the time the service is furnished.

(D) No initial in person visit is necessary to initiate services using telehealth modalities. The decision of whether or not to provide initial or occasional in-person sessions shall be based upon client choice, appropriate clinical decision-making, and professional responsibility, including the requirements of professional licensing, registration or credentialing boards.

(E) The following are the services that may be provided via telehealth:

(1) General services as defined in rule 5122-29-03 of the Administrative Code;

(2) CPST service as defined in rule 5122-29-17 of the Administrative Code;

(3) Therapeutic behavioral services and psychosocial rehabilitation service as defined in rule 5122-29-18 of the Administrative Code;

(4) Peer recovery services as defined in rule 5122-29-15 of the Administrative Code;

(5) SUD case management service as defined in rule 5122-29-13 of the Administrative Code;



(6) Crisis intervention service as defined in rule 5122-29-10 of the Administrative Code;

(7) Assertive community treatment service as defined in rule 5122-29-29 of the Administrative Code; and,

(8) Intensive home based treatment service as defined in rule 5122-29-28 of the Administrative Code.

(9) Mobile response and stabilization service as defined in rule 5122-29-14 of the Administrative Code.

(F) Individuals receiving residential and withdrawal management substance use disorder services as defined in rule 5122-29-09 of the Administrative Code or mental health day treatment service as defined in rule 5122-29-06 of the Administrative Code may receive any of the component services listed in paragraph (E) of this rule through telehealth.

(G) Progress notes as defined in rule 5122-27-04 of the Administrative Code must include documentation to reflect that the service was provided by telehealth.

(H) The provider must have a written policy and procedure describing how they ensure that staff assisting clients with telehealth services or providing telehealth services are adequately trained in equipment usage.

(I) Prior to providing services to a client by telehealth, an eligible provider of the service to be provided as listed in rule 5122-29-30 of the Administrative Code shall describe to the client the potential risks associated with receiving telehealth services, telehealth and document that the client was provided with the risks and agreed to assume those risks.

(J) The risks to be communicated to the client pursuant to paragraph (H) of this rule must address at a minimum the following:

(1) Clinical aspects of receiving telehealth services;



(2) Security considerations when receiving telehealth services; and,

(3) Confidentiality considerations when receiving telehealth services.

(K) It is the responsibility of the provider to assure contractually that any entity or individuals involved in the transmission of the information guarantee that the confidentiality of the information is protected. When the client chooses to receive services by telehealth at a client site that is not arranged for by the provider, e.g., at their home or that of a family or friend, the provider is not responsible for any breach of confidentiality caused by individuals present at the client site.

(L) Providers shall have a contingency plan for providing services to clients when technical problems occur during a telehealth session.

(M) Providers shall maintain, at a minimum, the following local resource information. For purposes of this rule, local means the area where the client indicates they reside and where they are receiving services as indicated in paragraph (P) of this rule.

(1) The local suicide prevention hotline if available or national suicide prevention hotline.

(2) Contact information for the local police and fire departments.

The provider shall provide the client information on how to access assistance in a crisis, including one caused by equipment malfunction or failure.

(N) For the purposes of meeting the requirements of paragraph (L) of this rule, providers shall require that the client provide the street address and city where they are receiving services prior to the first session utilizing interactive videoconferencing and update the address whenever the client site changes.

(O) It is the responsibility of the provider to assure that equipment meets standards sufficient to:

(1) Assure confidentiality of communication;



(2) Provide for interactive videoconferencing communication between the practitioner and the client;
and

(3) Assure videoconferencing picture and/or audio are sufficient to assure real-time interaction between the client and the provider and to assure the quality of the service provided.

(P) All services provided by telehealth shall:

(1) Begin with the verification of the client through a name and password or personal identification number when services are being provided with a client (s), and

(2) Be provided in accordance all state and federal laws including the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and 42 C.F.R. part 2 (January 1, 2020).

(Q) Provider must have a physical location in Ohio or have access to a physical location in Ohio where individuals may opt to receive in person services rather than telehealth services.