



# Health & Human Services Agenda Request

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Agenda Item #

**Requested Meeting Date:** May 23, 2023

**Title of Item:** Approval of Health & Human Services Interactive Video Policy

<input checked="" type="checkbox"/> REGULAR AGENDA	<b>Action Requested:</b>	<input type="checkbox"/> Direction Requested
<input type="checkbox"/> CONSENT AGENDA	<input checked="" type="checkbox"/> Approve/Deny Motion	<input type="checkbox"/> Discussion Item
<input type="checkbox"/> INFORMATION ONLY	<input type="checkbox"/> Adopt Resolution (attach draft)	<input type="checkbox"/> Hold Public Hearing* <i>*provide copy of hearing notice that was published</i>

<b>Submitted by:</b> Paula Arimborgo	<b>Department:</b> H&HS Administration
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<b>Presenter (Name and Title):</b> Sarah Pratt, Director	<b>Estimated Time Needed:</b> 1-2 min
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**Summary of Issue:**  
Request approval of the Aitkin County Health & Human Services Targeted Case Management (TCM) Interactive Video Policy.

**Alternatives, Options, Effects on Others/Comments:**

**Recommended Action/Motion:**

**Financial Impact:**  
*Is there a cost associated with this request?*  Yes  No  
*What is the total cost, with tax and shipping? \$*  
*Is this budgeted?*  Yes  No *Please Explain:*



**Aitkin County Health and Human Services Targeted Case Management (TCM) Interactive Video Policy**

**Legal Authority:** Minnesota Statutes 256B.0625, Subdivision 20b

**Statutory Link:** <https://www.revisor.mn.gov/statutes/cite/256B.0625>

**Purpose:** This policy outlines how to use interactive video use for medical assistance reimbursed TCM services in the following program areas:

- Child Welfare Targeted Case Management (CW-TCM)
- Children’s Mental Health Targeted Case Management (CMH-TCM)
- Adult Mental Health Targeted Case Management (AMH-TCM)
- Vulnerable Adult/Developmental Disability Targeted Case Management (VA/DD-TCM)

**Process:** Aitkin County Health and Human Services will use county owned equipment and approved interactive video programs for virtual Targeted Case Management visits. The applications will use real time two-way interactive audio and visual communications in accordance to Minnesota Statutes 256B.0625, Subdivision 20b and applicable Targeted Case Management statutes.

1. Minimum required face to face contacts for Targeted Case Management may be provided through Interactive Video when that type of contact is in the best interest of the person and is deemed appropriate by the person receiving the service, the substitute decision maker, and the case manager.
2. The individual receiving the service has the right to choose and consent or refuse Interactive Video contact at any time.
3. In accordance with Minnesota Statutes 256B.0625, subdivision 20b the county will ensure safety and effectiveness of Interactive Video contact for the person served.
4. For reimbursement purposes the targeted case manager must document the following for each Interactive Video contact in SSIS:
  - Time contact began and ended including a.m. and p.m. designation.
  - Basis for determining that Interactive Video is appropriate and an effective means of contacting the individual receiving services.
  - Mode or platform used to provide the service.
  - Location of the site the county is providing Interactive Video service from and site in which individual is receiving that service.
5. Interactive Video will not be used to meet the minimum face-to-face requirements for children who are in out-of-home placement OR receiving case management services for child protection reasons.



**Aitkin County Health and Human Services Interactive Video Consent Form**

Interactive video services involve a secure two-way interactive audio and video communication to deliver targeted case management services to individuals who choose not to meet face to face.

1. I understand that I need to be a resident of Minnesota and be in the state of Minnesota at the time of the session in order to receive targeted case management services through Interactive Video.
2. I understand that the same standard of care applies to an Interactive Video contact as applies to a face to face visit.
3. I understand that I will not be physically in the same room as my targeted case manager. I will be notified of, and my consent obtained, if anyone other than my targeted case manager is present during the contact.
4. I will notify my targeted case manager if any other person at my location can hear or see part of our visit prior to our appointment starting.
5. I understand that there are potential risks to using technology, including security breach, service interruptions, interception, and technical difficulties.
  - a. If it is determined that the videoconferencing equipment and/or connection is not adequate, I understand that either my targeted case manager or I may discontinue the Video Interactive Visit and make other arrangements to continue at another time.
6. I understand that I have the right to refuse to participate or decide to stop participating in a Video Interactive visit. I also understand that my refusal will not affect my right to future contacts.
7. I understand that the laws that protect privacy and the confidentiality of health care information apply to Video Interactive Services.
8. I understand that my health care information may be shared with other individuals for scheduling and billing purposes only.
9. I understand that this document will become a part of my Aitkin County Health and Human Services file.
10. I will not record any of the Video Interactive visits and I understand my targeted case manager will also not record any of our appointments.

**By signing this form, I attest that I:**

(1) have personally read this form (or had it read to me) and fully understand and agree to its contents; (2) have had my questions answered to my satisfaction, and the risks, benefits, and alternatives to Video Interactive Visits shared with me in a language I understand; (3) realize that the conditions and date upon which this attestation expires is one year from the date of signature as indicated below.

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Patient/Parent/Guardian Printed Name	Patient/Parent/Guardian Signature	Date
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