Telehealth Collaboration Workflows

Pioneering Telehealth to Save Lives through

Immediate Access to Opioid Treatment in

Rural Rhode Island
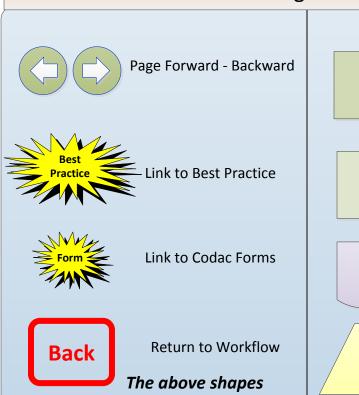
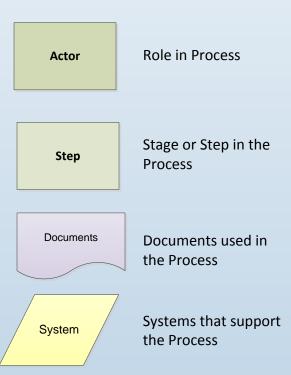# Telehealth Collaboration Workflow
How to Use this Document

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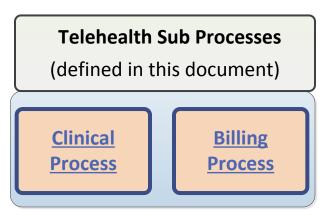
Hyperlinks are active! Rather than navigating page by page like a manual, this is an **interactive tool** designed to let you control your direction. The legend below describes the icons used to navigate through the PDF. Click on active icons to view documents, forms, and best practices.

Legend

Page Forward - Backward	
Link to Best Practice	
Link to Codac Forms	
Back Return to Workflow	

The above shapes are Hyperlinks!

Actor	Role in Process
Step	Stage or Step in the Process
Documents	Documents used in the Process
System	Systems that support the Process

Telehealth Sub Processes
(defined in this document)

Clinical Process	**Billing Process**

CODAC TeleHealth Treatment: Thundermist Workflow

New THC Patient		Evaluation & Treatment	Discharge	Follow Up
Thundermist Patient Care Coordinator	Intake & Assessment			
Thundermist Nurse Care Manager		Evaluation & Treatment	Discharge	Follow Up
Codac Provider + MA				
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	Telephone Email Codac EMR THC EMR Cameras	Telephone email Codac EMR THC EMR	Telephone Email Codac EMR THC EMR

CODAC TeleHealth Treatment: Thundermist Workflow

New THC Patient		Evaluation & Treatment	Discharge	Follow Up
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Systems & Data	Telephone Email Codac EMR THC EMR	Telephone Email Codac EMR THC EMR Cameras	Telephone email Codac EMR THC EMR	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

Receive Appt Information and Prep Instructions

Thundermist Patient Care Coordinator

Pre-Screen Patient for Treatment Need + TeleHealth + Insurance Info + Peer Recovery

Qualified?

YES → Explain TeleHealth & Collect Basic Pt Information

YES → Request Verbal Authorization to contact Codac for appt & give Insurance Info

Give Patient Appt Information and Prep Instructions

NO → Follow Thundermist Process for PCP/ SA treatment referral

NO

Call Codac for Appt Time & Transmit First Contact Documentation

Codac MA

Set Up Appt Time for Prescriber / TeleHealth

Go to TeleHealth Pre-admission

Documents

- THC Brief Buprenorphine/ naloxone Intake (THC Prescreen)

- THC Brief Buprenorphine/naloxone intake
- Documentation of verbal authorization Codac Frist Contact Form

Form

- Prescriber Schedule
- TeleHealth Appt Log
- Prescriber Calendar

- Suboxone Treatment Preparation Instructions
- What to bring to appt

Systems & Data

Phone or F2F

Phone or F2F THC EMR

THC EMR

Phone THC EMR Secure eMail Codac EMR

THC EMR

CODAC TeleHealth Treatment: Thundermist Workflow

Codac Billing Manager

- Review Docs on Codac File Share
- Create Patient Record & Preadmit Patient for TeleHealth Treatment
- Upload Docs to SMART

Codac Medical Assistant (MA)

- Inform Codac Provider of TeleHealth Appt
- Download Docs & place on Codac File Share
- Contact Codac Assigned Billing Manager

Thundermist Patient Care Coordinator (PCC)

- Prepare Provider Information Packet for Codac
- Put documents in encrypted email & send to Codac
- Inform THC Nurse Care Manager (NCM) of Telehealth Appt

Documents

- THC PreScreen Summary
- Indication of Verbal Authorizattion
- Codac First Contact

- THC PreScreen Summary
- Indication of Verbal Authorizattion
- Codac First Contact

- THC PreScreen Summary
- Indication of Verbal Authorizattion
- Codac First Contact

- Go to Telehealth Admission

Systems & Data

- Codac EMR
  THC EMR
  File Share Platform
  eMail

- eMail or File Share Platform

- eMail
  Codac File Share

- email
  SMART IM or Phone
  Codac File Share
  Codac EMR

- Codac EMR

CODAC TeleHealth Treatment: Thundermist Workflow

New THC Patient

- Come to Thundermist to Complete Admission / Begin Day 1 Induction
- Complete Intake Forms & Returns them to THC PCC

Thundermist Patient Care Coordinator

- Give Patient TeleHealth Intake Forms for Completion
- Notify Codac MA & THC NCM that Patient is at THC
- Confirm Patient PCP Appt & Conduct Patient Warm Hand Off to THC NCM for Telehealth
- eMail or Scan Codac Intake Forms to Codac
- End THC PCC

Thundermist Nurse Care Manager

- Set up TeleHealth Camera
- Receive Patient from PCC
- Go to Day 1 Induction

Best Practice

Codac MA

- Set up TeleHealth Camera
- Pull Pt PMP Report for Provider
- Inform Codac Provider Patient is at Thundermist
- Inform Billing Mgr Docs are available to Activate SMART record

Documents

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

Admit Forms

- Pt PMP Report

- 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
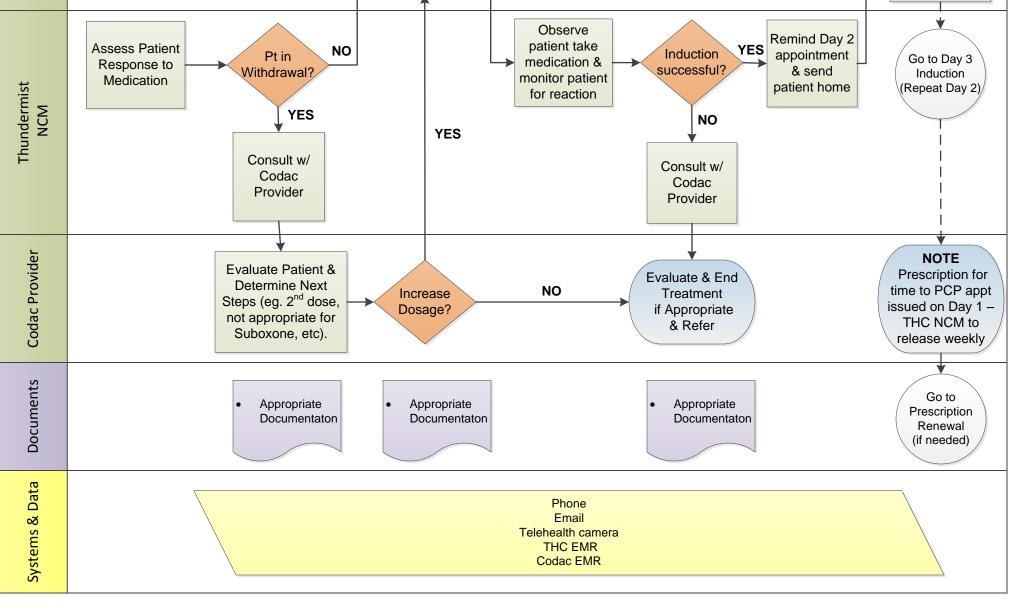
New THC Patient

Receive Physical, Labs & Assessments

Thundermist NCM

Conduct Physical Exam, Complete Lab Work, Assess for Narcan, pull PMPreport

→ 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

z

Codac Provider

Review Patient Information from THC

→ Make Camera Call & Engage with THC NCM & Patient for Evaluation

→ Continue Day 1 Induction

Documents

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

- COWS
- Contraindications for Suboxone

COWS Form

- 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

New THC Patient		**Evaluation & Treatment**	**Discharge**	**Follow Up**
Thundermist Patient Care Coordinator	**Intake & Assessment**			
Thundermist Nurse Care Manager		**Evaluation & Treatment**	**Discharge**	**Follow Up**
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

CODAC TeleHealth Treatment: Thundermist Workflow

Telehealth Patient

Receive Provider Evaluation

Pick Up Medication @ Pharmacy & Return to THC for Day 1 Medication Induction

Thundermist NCM

Review Assessment Results w/ Provider w/ Patient Present

Set Patient Appointment for Day 2 Induction @ THC

Review Pharmacy Instructions w/ patient & Day 2 Appt

Continue Day 1 Induction

Codac Provider

Conduct Patient Evaluation

Suboxone?

YES → Set Next Day Telehealth Call Appt if Needed & send patient evaluation case note to THC

Call in Prescription for Time to PCP Appt to Pharmacy for Patient Pick up

End Telehealth Provider Evaluation

NO ↓ End Telehealth & Follow Process Associated with Provider Recommendation

Documents

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

- COWS
- Proper dissolving techniques
- Dosage
- Symptoms Buprenorphine Excess

- Pharmacy List
- Codac Case note in SMART

Systems & Data

Codac EMR
THC EMR
Telehealth Camera

Phone
Codac EMR
THC EMR
email

CODAC TeleHealth Treatment: Thundermist Workflow

Telehealth Patient

- Return to THC w/ Medication Prescription
- Take Medication
- Go home w/ instructions to return for Day 2

Thundermist NCM

- Instruct patient on how to take medication
- Observe patient take medication & monitor patient for reaction
- **Reaction?**
  - **NO** → Remind Day 2 appointment & send patient home
  - **YES** → Consult w/ Codac Provider

Go to Day 2 Inducation

Codac Provider

- Evaluate Reaction & Determine Next Steps (eg. 2nd dose; not appropriate for Suboxone, etc.)
- End Treatment if Appropriate & Refer

Documents

- Appropriate Documentaton

Systems & Data

THC EMR

Phone
Email
Telehealth camera
THC EMR
Codac EMR

CODAC TeleHealth Treatment: Thundermist Workflow

Telehealth Patient

Take Medication

Go home w/ instructions to return for Day 2

Thundermist NCM

Assess Patient Response to Medication

Pt in Withdrawal? — **NO**

YES

Consult w/ Codac Provider

Observe patient take medication & monitor patient for reaction

Induction successful? — **YES**

NO

Remind Day 2 appointment & send patient home

Go to Day 3 Induction (Repeat Day 2)

Consult w/ Codac Provider

Codac Provider

Evaluate Patient & Determine Next Steps (eg. 2nd dose, not appropriate for Suboxone, etc).

Increase Dosage? — **NO**

YES

Evaluate & End Treatment if Appropriate & Refer

NOTE Prescription for time to PCP appt issued on Day 1 – THC NCM to release weekly

Documents

- Appropriate Documentaton

- Appropriate Documentaton

- Appropriate Documentaton

Go to Prescription Renewal (if needed)

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
- Receive Prescription & Go home w/ THC NCM Instructions

Codac Provider

- Assess Patient Response to Medication
- Continue Medication?
  - YES → Contact Codac Provider via Telehealth
  - NO → Assess & Contact Codac Provider as Appropriate.
- Consult w/ Codac Provider & Give Patient Prescription Refill Info & THC PCP Appointment Reminder w/ Medication Follow Up Instructions
- End Telehealth Program

Codac Provider

- Evaluate Patient & Determine Next Steps
- Refill?
  - YES → Authorize Refill and Call in to Pharmacy
  - NO → End Codac Prescriber
- End Codac Prescriber → Go to Discharge

Function

- COWS
- Rapid UTOX

- Appropriate Documentaton

- Appropriate Documentaton

Systems & Data

Telehealth Platform
Phone
THC EMR
Codac EMR

Phone
THC EMR
Codac EMR

CODAC TeleHealth Administration & Billing: Thundermist Workflow

	New THC Patient		Evaluation & Treatment	Discharge	Follow Up

New THC Patient → Evaluation & Treatment → Discharge → Follow Up

Thundermist Patient Care Coordinator

Intake & Assessment

Thundermist Nurse Care Manager

Evaluation & Treatment — Discharge — Follow Up

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

CODAC TeleHealth Administration & Billing: Thundermist Workflow

Codac Billing Manager

- Review Docs on Codac File Share → Create Patient Record & Preadmit Patient for TeleHealth Treatment → Upload Docs to SMART

Codac Medical Assistant (MA)

- Inform Codac Billing manager → Download Docs & place on Codac File Share → Contact Codac Assigned Billing Manager

Documents

- THC PreScreen Summary
- Indication of Verbal Authorizattion
- Codac First Contact

Form

- THC PreScreen Summary
- Indication of Verbal Authorizattion
- Codac First Contact

- THC PreScreen Summary
- Indication of Verbal Authorizattion
- Codac First Contact

Go to Telehealth Admission

Systems & Data

Phone
Codac EMR
Codac File Share
eMail

CODAC TeleHealth Administration & Billing: Thundermist Workflow

Codac Billing Manager

- Upload forms to Desktop & Run Insurance Check
- Add Insurance to EMR Record & Scan Documents
- Qualified?
  - **YES** → Activate Pt Record for Access & Billing → Notify MA that record is Accessible & Record In Spreadsheet → End Billing Manager
  - **NO** → Follow Self-Pay Sliding Scale Process

Codac Medical Assistant (MA)

- Inform Billing Manager Pt Documentation Available for Pt Activation
- Access Activated Pt Record to Record Appropriate Case Notes

Documents

Admit Forms

- Codac Consent to Treatment
- THC 2-way ROI
- Consent to Bill Ins.
- Insurance ID
- Patient ID

- Codac Consent to Treatment
- THC 2-way ROI
- Consent to Bill Ins.
- Insurance ID
- Patient ID

Go to Insurance Billing

Systems & Data

Phone email

Thundermist Sliding Scale
Codac File Share
Phone
Codac EMR
Codac Excel Spreadsheet

Codac EMR

CODAC TeleHealth Administration & Billing: Thundermist Workflow

Codac Billing Manager

- Review Billing Spreadsheet (Weekly)
- Call THC Billing Manager & Verify Pt's (BI-weekly)
- Insurance
  - **YES** → Transmit to Billing Specialist
  - **NO** → Co-Pay or Self Pay Process
- End & Repeat Billing Process (Bi-Weely)

Thundermist Billing Manger

- Join Conference Call & Verify Pts (Bi-weekly)
- End Codac Verifciation
- Thundermist Billing Process

Codac Billing Specialist

- Transmit Claims to Ins. Carriers for Payment

Documents

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

Systems & Data

- Codac EMR Excel
- Codac EMR Carrier Website

CODAC TeleHealth Administration & Billing: Thundermist Workflow

Codac Billing Manager

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

Co-Pay or Self-Pay
- **YES** → Confirm Cash Payments to Codac
- **NO** → Follow Insurance Billing Process

End & Repeat Cash Billing Process (Bi-Weely)

Thundermist Billing Manger

Join Conference Call & Verify Pts (Bi-weekly)

Follow THC Payment Process

Codac Billing Specialist

Receive Thundermist Payment

Documents

- Excel Spreadsheet for Billing Review

Billing Spreadsheet

- Excel Spreadsheet for Billing Review

Systems & Data

Codac EMR
Excel
THC Billing Systems

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 → Notify Billing Specialist of Discharge
- **NO** → (returns to Review Billing Spreadsheet)

Codac Billing Specialist

Review & Transmit final Claims to Ins. Carriers for Payment → End Pt TeleHealth Billing

Documents

Billing Spreadsheet

- 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

![Codac Behavioral Healthcare logo]

Codac Behavioral Healthcare
Telehealth Initial Contact Form

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

LAST   FIRST
NAME Smith   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   (C) Click here to   OK TO
enter text.   enter text.   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/   PHONE # Click here to enter
GUARDIAN Click here to enter text.   text.

RELATIONSHIP
TO PATIENT: Click here to enter text.

INSURANCE: Yes ☐   No ☐   SELF PAY: ☐

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

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

FOR CODAC USE

Deductible:	Authorization #:	Effective Dates of Authorization:
Click here to enter text.	Click here to enter text.	Click here to enter text.
Copay:	Type of Authorization (Assess/Indiv./Group):	
Click here to enter text.	Choose an item.	
Phone #/Contact:	Comments/Additional Info: Click here to enter text.	
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.

6.14.2019

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 Healthcare ☐ 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

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

✓Discharge Summaries

✓Billing information including deductible pays and self-pays

☐ 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 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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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

Codac Behavioral Healthcare
Consent to Medicate with an Approved Narcotic

ACKNOWLEGEMENT 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 designees 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 interim period until I keep a 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 at any time 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 program 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

- 3 -   6.14.2019

CODAC, Inc.

PT ID:_____

Clinical Opiate Withdrawal Scale (COWS)
For Dose Evaluation

Current Dose: _____   Date: _____

_____ **Resting pulse rate:** _____ beats/minute 80 or less = 0 81-100 = 1 101- 120 = 2 121 or greater = 4	_____ **GI Upset:** _over last ½ hour_ No GI symptoms = 0 Stomach cramps = 1 Nausea or loose stool = 2 Vomiting or diarrhea = 3 Multiple episodes of diarrhea or vomiting = 5
_____ **Sweating:** _over past ½ hour not accounted for by room temperature or patient activity_ No report of chills or flushing = 0 Subjective report of chills or flushing = 1 Flushed or observable moistness on the face = 2 Beads of sweat on brow or face = 3 Sweat streaming off face = 4	_____ **Tremor:** _observation of outstretched hands_ No tremor = 0 Tremor can be felt, but not observed = 1 Slight tremor observed = 2 Gross tremor or muscle twitching = 4_____
_____ **Restlessness:** _Observation during assessment_ Able to sit still = 0 Reports difficulty sitting still, but is able to do so = 1 Frequent shifting or extraneous movements of leg/arms = 3 Unable to sit still for more than a few seconds = 5	_____ **Yawning:** _observation during assessment_ No yawning = 0 Yawning 1 or 2 times during assessment = 1 Yawning 3 or more times during assessment = 2 Yawning several times/minute = 4
_____ **Pupil size:** Pupils pinned or normal size for room light = 0 Pupils possibly larger than normal for room light = 1 Pupils moderately dilated = 2 Pupils so dilated that only rim of the iris is visible = 5	_____ **Anxiety or Irritability** None = 0 Reports increasing irritability or anxiousness = 1 Obviously irritable or anxious = 2 So irritable/anxious participation in assessment is difficult = 4
_____ **Bone and joint aches:** _If in previous pain, only pain attributed to opiate withdrawal is scored_ Not present = 0 Mild diffuse discomfort = 1 Severe diffused aching of joints/muscles = 2 Rubbing joints/muscles; unable to sit still from discomfort = 4	_____ **Gooseflesh skin:** Skin is smooth = 0 Piloerection of skin felt or hairs standing up on arms = 3 Prominent piloerection = 5
_____ **Runny nose or tearing:** _Not accounted for by cold symptoms or allergies_ Not present = 0 Nasal stuffiness or unusually moist eyes = 1 Nose running or tearing = 2 Nose constantly running/tears streaming down cheeks = 4	Cravings ☐ Yes Anorexia ☐ Yes Drug Dreams ☐ Yes Insomnia d/t discomfort ☐ Yes
Mild Withdrawals = 5-12 points Moderate Withdrawals = 13-24 points Moderately Severe Withdrawals = 25-36 points Severe Withdrawals = over 36 points TOTAL SCORE: _____	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 pupose of matching and recociling billing between the participating TeleHealth organizations.

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

Codac Pt ID	Co-Pay Amount	Self-Pay Amount Day 1	Self-Pay Amount Each Added Day	Billing Entity Codac Day 1 Induction Date	Billing Entity Codac Day 2 Induction Date	Billing Entity Codac Day 3 Induction Date	Billing Entity Codac Followup Evaluation for Presc. Renewal	THC Pt ID	Billing Entity THC Day 1 Induction Date	Billing Entity THC Day 2 Induction Date	Billing Entity THC Day 3 Induction Date	Billing Entity Codac Followup Evaluation for Presc. Renewal	Carrier ID	Notes
11111	$20.00			12/20/2018	12/21/2018	12/22/2018		111-1111	12/20/2018	12/21/2018			Neighborhood	
22222		$111.00	$56.00	12/15/2018				222-2222	12/15/2018				Self-Pay	
33333	$15.00			1/2/2019	1/3/2019		1/10/2019	333-3333	1/2/2019	1/3/2019		1/10/2019	Tufts	Pt needed additional medication until PCP

Telehealth Technology Camera Best Practices

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.

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