

**U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT
ENFORCEMENT AND REMOVAL OPERATIONS
ICE HEALTH SERVICE CORPS**

TELEHEALTH SERVICES

**IHSC Directive: 01-48
ERO Directive Number: 11800.7
Federal Enterprise Architecture Number: 306-113-002b
Effective Date: September 15, 2023**

**By Order of the Assistant Director
Stewart D. Smith, FACHE**

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1. **PURPOSE:** The purpose of this directive is to set forth policies and procedures for U.S. Immigration and Customs Enforcement (ICE) Health Service Corps (IHSC) telehealth services and the types of specialty telehealth services available to facilities with IHSC clinics. IHSC leverages health promotion, disease management, and telehealth technologies to provide remote clinical, specialty care services, detainee and professional health-related education, and consultation services.
 2. **APPLICABILITY:** This directive applies to all IHSC personnel, including but not limited to U.S. Public Health Service (PHS) officers, civil service employees, and contract personnel. It applies to IHSC personnel supporting health care operations in ICE-owned and contracted detention facilities (CDFs), and to IHSC headquarters staff. This directive applies to contract personnel when supporting IHSC in detention facilities and headquarters. Federal contractors are responsible for the management and discipline of their employees supporting IHSC.
 3. **AUTHORITIES AND REFERENCES:**
 - 3-1. Title 42, U.S. Code, Section 254 (42 U.S.C. § 254f(e)), *Corps Personnel*.
 - 3-2. Title 42, U.S. Code, Section 9501 (42 U.S.C. § 9501), *Behavioral Health Patient Bill of Rights*.
 - 3-3. Title 8, Code of Federal Regulations, part 232 (8 C.F.R. § 232), *Examination of Alien Applicants for Benefits under the Immigration Laws*.
 - 3-4. Title 42, Code of Federal Regulations, part 410 (42 C.F.R. § 410.78), *Telehealth Services*.

- 3-5. Section 322 of the Public Health Service Act (42 U.S.C. § 249(a)), *Medical Care and Treatment of Quarantined and Detained Persons*.
- 3-6. Section 504 of the *Rehabilitation Act of 1973* (29 U.S.C. § 794), as amended, and ERO Directive Number: 11071.1.
4. **POLICY:** When a detainee's medical, behavioral health, and dental needs extend beyond current on-site services, IHSC health services staff should leverage telehealth services, when possible.
- 4-1. IHSC leverages telehealth technologies to provide remote clinical, specialty care services, detainee and professional health-related education, and consultation services, as defined below. Telehealth technology methods include store-and-forward, remote monitoring, and real-time or live video.
- 4-1.1. Remote Clinical and Specialty Care Services and Consultation. IHSC's clinical and specialty care services utilize telehealth technologies beyond on-site services for assessment, diagnosis, treatment, consultation, and continuity of care.
- 4-1.2. Detainee Health-Related Education. Remote detainee health education includes a variety of health topics beyond what is available on-site. IHSC utilizes telehealth technologies to improve a detainee's understanding of and adherence to treatment recommendations.
- 4-1.3. Professional Health-Related Education. IHSC uses telehealth technologies to link its health care workforce to remote professional health-related education to advance its medical mission across a variety of specialty areas. These opportunities include advanced clinical residencies and training opportunities, beyond what is available on-site.
- 4-1.4. Specialty Services and Consultation. IHSC specialty and consultation services use telehealth technologies for clinical services beyond what is available on-site for assessment, diagnosis, treatment, consultation, and continuity of care.
- 4-2. **Provider Requirements.** Detainees receive telehealth services from qualified providers. These licensed federal practitioner providers are either privileged by IHSC, and licensed in the state the detainee resides, or privileged by IHSC (PHS or federal civil service employee) and provided an exemption from the same state licensure requirements.
- 4-3. **Credentialing and Privileging.** Existing IHSC policies govern telehealth provider credentialing and privileging.

- 4-4. **Informed Consent.** Detainees receive a full explanation of the risks and benefits of medical services. IHSC health services staff obtain detainees' written consent in accordance with existing IHSC policies that specifically detail telehealth services.
- 4-5. **Refusal of Telehealth Services.** IHSC health services staff inform detainees of their right to decline telehealth services and complete a treatment refusal form based on existing IHSC policies.
- 4-6. **Documentation.** During and after the completion of telehealth services, IHSC clinicians promptly document care provided in the detainee's electronic health record (EHR) based on existing IHSC policies and the IHSC Health Records Management Operations Memorandum.
 - 4-6.1. For non-IHSC personnel, the telehealth provider promptly documents care and electronically transmits all required information about the IHSC site's encounter for filing in the detainee's health record.
 - 4-6.2. For IHSC professional students, the IHSC supervising preceptor completes the required review of the health encounter documentation before filing.
- 4-7. **Telehealth Equipment.** Telehealth equipment includes, but is not limited to telephones, cameras, speakers, computers, and clinical diagnostic tools.
- 4-8. **Data Management.** IHSC health services staff engage in consultation and collaboration with the Data Analytics Office (DAO) on telehealth services data collection, management, analysis, and reporting taskings.
- 4-9. **Training.** Orientation for new IHSC personnel includes Telehealth Services for consultant and student utilization of telehealth services, store-and-forward, remote monitoring, and real-time interactive technology materials.
- 4-10. **Program Management.** The Clinical Services Support Unit chief oversees IHSC telehealth services. The health services administrator for each facility ensures telehealth operational oversight, including equipment maintenance and usability at the detainee location. The clinical director for each facility is the final clinical decision-maker for telehealth referrals and treatment recommendations from telehealth providers.

5. RESPONSIBILITIES:

- 5-1. **Clinical Services Support Unit (CSSU) Chief:** Develops and directs telehealth priorities for IHSC, in concert with, and at the direction of IHSC leadership. The CSSU chief:

- 5-1.1. Remains knowledgeable on public policy concerns and the possible impact on telehealth services, and actively advocates and builds awareness for telehealth at the local, state, and federal governmental levels.
- 5-1.2. Provides high-level support to ensure technical, administrative, and other support is available to implement the telehealth program successfully.
- 5-1.3. Maintains effective communication and awareness by consulting with internal and external stakeholders to discuss telehealth needs and directions.
- 5-1.4. Is accountable for telehealth data management used to monitor, assess, and improve the quality of telehealth services delivered at IHSC-staffed facilities.
- 5-2. Health Services Administrator (HSA).** Administers support to ensure consistent and adequate care for detainees receiving telehealth services.
 - 5-2.1. Responsible for coordinating timely scheduling of detainee appointments and escorts to and during telehealth sessions.
 - 5-2.2. Ensures there is adequate space, internet connectivity, and operability of telehealth equipment, as indicated by site-specific needs.
 - 5-2.3. Maintains a copy of telehealth equipment maintenance reports and takes any corrective actions that are needed.
 - 5-2.4. Maintains manufacturers' manuals on-site. Ensures all performed manufacturers' recommendations for preventive maintenance and safety inspections are complete.
- 5-3. Clinical Director (CD).** Directs clinical support to ensure consistent and adequate care for detainees receiving telehealth services.
 - 5-3.1. Ensures clinicians correctly input telehealth service requests through eClinicalWorks (eCW), or other facility approved processes.
 - 5-3.2. Ensures the timely response of telehealth consults, appropriate follow up, and timely documentation.
- 5-4. Referring Clinician.** Refers the detainee for telehealth services through placing a request for telehealth services and initiates requests for telehealth provider services upon assessing medical, behavioral health, and dental needs extending beyond on-site services.
 - 5-4.1. Assesses detainee for medical, behavioral health, and dental needs

extending beyond or requiring a supplement to on-site services.

- 5-4.2. Initiates referral for telehealth services.
- 5-4.3. Ensures consults submitted by IHSC clinicians have complete clinical information to support the request. The consult should describe clinical symptoms, relevant medical history, clinical findings, laboratory tests, radiograph images, electrocardiograms, treatments, and other relevant medical information for referral justification.
- 5-4.4. Ensures consults for provider-to-provider services include complete information. The detainee is not present for this appointment.
- 5-4.5. Identifies the service delivery priority for submitted consults, and appropriately routes the consult to the designated provider.
- 5-4.6. Addresses prescribed medications, treatments, or other modalities.

5-4. Telehealth Provider. Provides direct clinical services to ensure consistent and adequate access to care for detainees who receive telehealth services.

- 5-4.1. Assesses and develops a treatment plan for detainees in a timely and clinically appropriate manner utilizing telehealth technologies.
- 5-4.2. Documents timely telehealth encounters with specific interventions and treatment plans as clinically appropriate.
- 5-4.3. Provider-to-Provider Consult
 - 5-4.3.a. Completes the review and addresses the referral question as outlined in the consult.
 - 5-4.3.b. Completes documentation in eCW.
- 5-4.4. Detainee Health-Related Education
 - 5-4.4.a. Provides an introduction to the detainee.
 - 5-4.4.b. Explains the reason for the consultation.
 - 5-4.4.c. Performs the requested service as outlined in the consult request.
 - 5-4.4.d. Addresses detainee questions.
 - 5-4.4.e. Completes the education goals and objectives in eCW.

5-5. Remote Professional Health-Related Education Preceptors

- 5-5.1. Is present for all student telehealth encounters to ensure proper oversight.
- 5-5.2. Addresses detainees and student questions.

5-5.3. Reviews student documentation, co-signs or endorses documentation, and addresses prescribed treatments as needed before filing.

6. PROCEDURES: Related procedures are found in the 01-48 G-01, IHSC Telehealth Services Guide, found within the IHSC Policy Library. Adhere to processes currently outlined in the IHSC Telehealth Guide for securing remote clinical, specialty clinical, and consultation telehealth services.

6.1 Telehealth Service Referrals

- 6.1.1. IHSC health services staff utilize eCW to make referrals for telehealth services.
- 6.1.2. Referring clinician initiates telehealth service request in the electronic health record.
- 6.1.3. Providers clarify the priority of referrals for telehealth services as outlined in IHSC standards of care and per IHSC's existing policies.
- 6.1.4. The CD or designee is the final clinical authority and ensures appropriate follow-up for all referrals.

6.2 Specific Telehealth Services include:

- 6.2.1. Remote Clinical Services
- 6.2.2. Specialty Consultants, Infectious Disease, and Cardiology
- 6.2.3. Diagnostic Radiology, Photography, and Video
- 6.2.4. Detainee Health-Related Education
- 6.2.5. Professional Health-Related Education
- 6.2.6. Specialty Services and Consultation (not available on-site)

7. HISTORICAL NOTES: This directive replaces the IHSC Directive 01-48, Telehealth Services Directive, dated December 3, 2021. Administrative update to align Procedures section with information within the corresponding guide.

8. DEFINITIONS: See definitions for this policy in the IHSC Glossary located on SharePoint. The following definitions apply for purposes of this directive:

- 8.1 Real-time or Live Video.** Real-time or synchronous audio and video communication between a patient and provider, an encounter with a specialty care provider in real-time over video.
- 8.2 Remote monitoring.** Use of a specific technology to facilitate interaction between clinicians and detainees.

- 8.3 **Store-and-Forward.** A stored data network of images, sounds, or videos to one or more intermediate stations prior to forwarding to their destinations.
- 8.4 **Student.** Individual enrolled in a professional course of study, college, or university to prepare for a career in a specific field, including but not limited to public health, health professions provider, or other categories or specialties found in IHSC.
- 8.5 **Telehealth Services.** Provision of vital health care services through videoconferencing, remote monitoring, electronic consults, and wireless communications for access by physicians and health care specialists.
- 8.6 **Telehealth Equipment.** Communication technologies, such as videoconferencing monitors and cameras, computers, telephones, speakers, software, mobile devices, and clinical diagnostic tools to remotely access health care services and manage the detainee health care. These technologies improve or support health care services.
- 8.7 **Telemedicine.** The exchange of medical information from one site to another through electronic communication to improve a patient's health.

9. APPLICABLE STANDARDS:

9-1. 2011 Performance-Based National Detention Standards (PBNDS), revised 2016.

9-1.1. PBNDS 2011: Part 4: Care; 4.3 Medical Care; Section GG: Tele-Health Systems.

9-2. Family Residential Standards 2020c.

9-2.1. Part 4: Care; 4.3 Health Care; Section GG: Tele-Health Systems.

9-3. National Commission on Correctional Health Care (NCCHC), Standards for Health Services in Jails, 2018, 9.3.1 J-C-01 Credentials.

10. PRIVACY AND RECORDKEEPING: ICE uses detainee health records and information maintained in accordance with the DHS/ICE-013 Alien Health Records System of Records to provide for the care and safety of detainees. IHSC limits access to detainee health records and information to those individuals who need to know the information for the performance of their official duties, and who have appropriate clearances or permissions. IHSC secures paper records in a locked cabinet or room when not under the direct control of an officer or employee with a need for the paper record to perform their duties.

10.1 IHSC staff complete annual training on the protection of patient health information and Sensitive Personally identifiable information.

10.2 IHSC staff reference the Department of Homeland Security Handbook for Safeguarding Sensitive PII (Handbook) at DHS Handbook for Safeguarding Sensitive PII for additional information concerning safeguarding sensitive PII.

10.3 All relevant documents produced or provided in accordance with this Directive must be maintained in accordance with an applicable National Archives and Records Administration (NARA) General Records Schedule (GRS) or a NARA-approved agency-specific records control schedule. If the records are not subject to a records schedule, they must be maintained indefinitely by the agency. In the event the records are subject to a litigation hold, they may not be disposed of under a records schedule until further notification. Prior to the disposition of any records referenced in this directive, ICE Records Officer approval must be obtained.

11. NO PRIVATE RIGHT STATEMENT: This directive is an internal directive statement of IHSC. It is not intended to and does not create any rights, privileges, or benefits, substantive or procedural, enforceable against the United States; its departments, agencies, or other entities; its officers or employees; or any other person.

12. POINT OF CONTACT: Chief, Clinical Services Support Unit.