Telemedicine Services

When Telemedicine Services are offered, the Contractor must abide by and agree to the provisions described in this agreement.

Coordination of all telemedicine services is maintained through the Office of Telemedicine Services. In order to ensure coordinated service delivery, Contractor will not directly contact the California Department of Corrections and Rehabilitation (CDCR) Institution and/or Department of Juvenile Justice (DJJ) Facility to initiate services. Institution/Facility may not begin receiving telemedicine services from the Provider without obtaining written authorization from the Office of Telemedicine Services prior to service delivery:

1. Contractor agrees to abide by the Policies and Procedures as outlined in the Telemedicine General Services Guidelines. Telemedicine General Services Guidelines are hereby referenced and incorporated into this contract and are available by contacting the Office of Telemedicine Services:

**Contact Information**:
California Correctional Health Care Services (CCHCS)
Attn: Office of Telemedicine Services
P.O Box 4038
Sacramento, CA  95812
(916) 691-9827

1. Contractor must contact the Office of Telemedicine Services to make any change to the telemedicine clinic authorization and schedule. This includes cancellations, rescheduling, requests for additional medical specialties, and any other necessary changes.
2. Approval from CCHCS Medical Contracts and the Office of Telemedicine Services must be obtained prior to providing Telemedicine Services to Institutions/Facilities not included in this Agreement.
3. Contractor will attend in-service training when requested by the Office of Telemedicine Services.
4. Contractor will not distribute memos, letters or written information without review and approval by the on-site Institution Chief Executive Officer (CEO) or designee and/or Facility Chief Medical Officer (CMO) or designee, the on-site Director of Nursing and the Office of Telemedicine Services.
5. Contractor will not conduct trainings or schedule meetings without prior approval of the on-site Institution CEO or designee and/or Facility CMO or designee, the on-site Director of Nursing, and the Office of Telemedicine Services.
6. Contractor will not request CDCR/DJJ staff to perform duties or assignments not directly related to that site’s telemedicine services program.
7. Contractor agrees to submit required dictated recommendations for treatment (dictation report) to the Institution/Facility within three (3) business day (seventy-two (72) hours).  Provided services are considered incomplete until this report is submitted.  Billing/invoicing for the service may not occur until consultation (paperwork) is complete and submitted.
8. Contractor’s equipment and connectivity to perform telemedicine must meet the CDCR established and approved methods and specifications.
9. All telemedicine visits/clinics will adhere to CDCR Patient-Inmate and/or DJJ Youth confidentiality and privacy policies, HIPAA, and HITECH and CMIA requirements.
10. Contractor will maintain on-site medical record information on each CDCR Patient-Inmate and/or DJJ Youth seen via telemedicine.  This information will be stored to meet CDCR, HIPAA, HITECH, and CMIA compliance requirements.
11. Contractor will give as much notice as possible, but no less than a seventy-two (72) hour notice, in the event of a foreseeable clinic cancellation.
12. Contractor shall meet or exceed the IT security standards established by CCHCS based upon the ISO 27002 standard and the NIST 800 series. Where warranted, SAS 70 audits may be required.
13. Contractor shall obtain approval from the Office of Telemedicine Services prior to initial connectivity to an Institution and/or Facility via Telemedicine.
14. Contractors shall refer to and utilize when medically appropriate, the CDCR Correctional Formulary.
15. Contractor shall provide connectivity for telemedicine sessions utilizing either the H323 or SIP protocols over an IP network.
16. Contractor is responsible to provide sufficient network bandwidth to support the transmission of a 448P video signal. Currently, this is equal to 768Kbps of synchronous traffic. Additionally, Contractor is responsible for ensuring that the quality of the connection meets the expectations and perceptions to successfully complete a medical encounter.
17. Contractor shall be responsible for all the telemedicine equipment/data communications outside of CCHCS.
18. Contractor shall be responsible to restore services, within their realm of control, within twenty-four (24) hours of failure.