

APPLICATION
to PROVIDE
SUBSTANCE USE SERVICES
Via TELEHEALTH for
INDIVIDUALS
with
DWI OFFENSES

(05/13/2024)

Office of DWI Services
NC Division of Mental Health,
Developmental Disabilities
and Substance Use Services

3008 Mail Service Center
Raleigh, NC 27699-3008

Phone: 984-236-5250
Fax: 919-508-0963

A. General Information:

Facility Name: _____

Contact person for DWI Facility: (Name, Credentials): _____

Facility Address: _____ County: _____

Mailing Address: _____

Contact Phone: _____ Facility Fax: _____

Contact Email: _____ Website: _____

Facility Owner or Owners: _____

Facility Type: Corporation LLC Partnership Individual Other: _____

B. Check Each DWI-Related Service You Intend to Provide via Telehealth

Please check all that apply:

DWI Assessments

Facility must have full CADC or LCAS to perform DWI assessments.

ADETS

Facility must have a Certified ADETS Instructor or someone who has completed the Prime for Life New Instructor Training and is eligible to become an ADETS Instructor, currently and be able to provide ADETS on a regular basis.

Short- and Longer-Term Treatment

C. Bilingual Services for Non-English-Speaking Clients [per 10A NCAC27G .3816]

Yes No Will your facility provide services for non-English speaking clients?

If yes, please list language(s): _____

If your facility will be providing bilingual services via Telehealth, please check all that apply:

DWI Assessments
Facility must have bilingual CADC or LCAS

ADETS
Facility must have a bilingual Certified ADETS Instructor or someone who has completed the Prime for Life New Instructor Training and is eligible to become an ADETS Instructor currently and be able to provide ADETS on a regular basis.

Short- and Longer-Term Treatment

D. Description of Telehealth Services

1. List the **HIPAA Compliant Telehealth Platform** to be used by your facility.

2. List the **Electronic Signature Provider** to be used by your facility to ensure authenticity of the signatory, to make sure the document meets legal compliance requirements (privacy, security, and enforcement) and to ensure that any PHI (protected health information) contained within the document is protected from unauthorized access and disclosure.

3. Please attach your **Telehealth Consent**. (See attached sample)

4. Please submit your facility's **DWI Telehealth Policy** to include screening for telehealth appropriateness, situations that would exclude clients from participating or situations where clients may lose the ability of utilizing telehealth services for the DWI population. Please include documentation of how individuals participating in telehealth are receiving comparable services that are consistent with in-person services (i.e., attendance, tardiness, participation, group rules, drug testing, smoking/vaping, private environment, etc.) Please include how the facility will handle clients who live outside of NC. What steps will be taken to ensure the NC facility's ability to work with out of state residents via telehealth?

5. In lieu of physical sign-in sheets verifying in-person attendance, please detail how your facility will **verify group attendance** via telehealth.

6. How will **urine drug screens and/or breathalyzers** be implemented when deemed appropriate?

Administrative Director: _____

Signature: _____ Date: _____