


COMMUNITY MENTAL HEALTH OF OTTAWA COUNTY  
**MANAGEMENT OF INFORMATION**

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CHAPTER: 10	SECTION: 13	SUBJECT: MANAGEMENT OF INFORMATION
TITLE: <b>TELEHEALTH</b>		
EFFECTIVE DATE: <b>4/1/2020</b>	REVISED/REVIEWED DATE: <b>5/6/21, 10/20/22</b>	
ISSUED AND APPROVED BY:  EXECUTIVE DIRECTOR		

**I PURPOSE:**

Establish standards for the delivery of services using information and communication technologies.

**II APPLICATION:**

Any CMHOC services provided utilizing telehealth or telemedicine.

**III DEFINITIONS:**

- A. **Telehealth** uses computer-assisted telecommunications to support management, surveillance, literature and access to medical knowledge (WHO). MDHHS defines it as “the use of telecommunication technology to connect a beneficiary with a Medicaid enrolled health care professional in a different location.”
- B. **Telemedicine** uses telecommunications solely to diagnose and treat patients. (WHO)
- C. **Originating Site:** the location of the eligible person served (i.e. client) at the time of the telehealth service.
  - 1. Home, as defined as location, where the person-served receives service(s) in a private residence, is allowed as an originating site for eligible persons-served.
  - 2. CMHOC facilities are allowed as originating sites for telehealth services.
  - 3. Also, in accordance with clinical judgment, any other established site considered appropriate by the provider is considered allowable originating site, as long as all privacy and security requirements outlined in CMHOC policy and HIPAA are established and maintained during the telehealth service.
- D. **Distant Site:** The location of the practitioner providing the professional service at the time of the telehealth service. The definition encompasses the provider’s office, or any established site considered appropriate by the provider so long as the privacy of the person-served and security of the information shared during the telehealth visit are maintained.

**IV PROCEDURE:**

- A. The decision to provide telehealth services rather (or in addition to) face-to-face services are to be made by the individual’s treatment team pursuant to CMHOC’s policies and values surrounding person-centered-planning to ensure that the practice of telehealth is truly the most effective way to provide services to the person-served and considers the type of service, the availability of credentialed providers, the amount, scope, and duration of the intervention, the possibility of protecting the rights of the person-served (including their privacy and security), and any other factors unique to the person-served.

- B. MDHHS requires a real time interactive system at both the originating and distant site, allowing instantaneous interaction between the patient and the health care professional via a telecommunication system.
- C. Originating and distant site provider must ensure the privacy of the beneficiary as well as the security of any information shared via telemedicine pursuant to HIPAA.
- D. The technology must meet the needs of audio-visual compliance in accordance with current regulations and industry standards.
- E. Generally speaking, telehealth services will be provided in real time and are not to be recorded (either via audio or video) nor will screen shots/ photography be captured. If audio recording, video recording, and/or photographs are to be captured, specific consent must be obtained prior to the service pursuant to CMHOC policy in order to protect the rights of the person served.
- F. Allowable telemedicine and telehealth services are limited to those listed on the MDHHS fee schedule ([www.michigan.gov/medicaid](http://www.michigan.gov/medicaid) providers>>Billing and Reimbursement>>Provider Specific Information>>Physicians/Practitioners/Medical Clinics>>Telemedicine Services)
- G. Consent: Pursuant to MDHHS policy, the person served (or their parent/guardian as applicable) must provide either direct or indirect consent for services delivered via telehealth. This consent must be properly document in the clinical record in accordance with CMHOC policy/practices on informed consent.
- H. Privacy and Security Requirements:
  - 1. When providing services via telehealth, sufficient privacy and security measures must be in place and documented to ensure confidentiality and integrity of person-served identifiable information. Transmissions, including person-served email, prescriptions, and phone numbers must be secure within existing technology (i.e. password protected, encrypted electronic prescriptions, or other reliable authentication techniques). All client/practitioner email, as well as other client related communications, should be stored and filed in the client's clinical record, consistent with CMHOC documentation policies and procedures.
  - 2. Testing/ confirmation to ensure all necessary technology and/or equipment is available and functions as designed must be completed prior to the initiation of service delivery and as needed throughout services at both the originating and distant sites.
- I. Contingency Planning: A contingency plan, including referral to an Emergency Department (ED) or CMHOC Crisis Services for assessment/treatment as necessary for the safety of the person-served, is required when utilizing telemedicine technologies. This plan includes utilization of CMHOC policies/practices regarding crisis services.
- J. Billing and Reimbursement: Billing is to comply with guidelines set forth in MDHHS' Current Procedural Terminology (CPT/Healthcare Common Procedure Coding System (HCPCS) code for the service(s) provided. Telehealth claims must include the corresponding modifier for interactive telecommunications and the appropriate revenue code.
- K. Practitioners who provide telehealth services will receive appropriate training from Information Technology staff on the system's features, set-up, use, maintenance, and troubleshooting prior to initiation of services. As necessary and appropriate, CMHOC will ensure that persons served (or their caregiver(s)/ facilitator) receive relevant training prior to service initiation on the features, set-up, use, and troubleshooting of telehealth equipment and connections.
- L. The provision of telehealth includes:
  - 1. CMHOC staff providing assistance with accessing services remotely
  - 2. Assigning an appropriate facilitator at the site where the person-served is located as appropriate
  - 3. Appropriate and necessary modifications to:
    - a. Treatment techniques/interventions

- b. Equipment
  - c. Materials
  - d. Environment of the site including accessibility, privacy, and usability of equipment
- M. Prior to the start of each session:
- 1. All participants in the session are identified, including those at both the originating site and the distant site.
  - 2. CMHOC staff will provide any and all information that is relevant to the session.
- N. CMHOC's Information Technology staff will maintain county-owned equipment in accordance with manufacturer's recommendations and assist where needed to ensure that the equipment utilized by persons-served is current and up-to-date to appropriately participate in telehealth services.
- O. CMHOC staff, if working from a distant site not maintained by the County of Ottawa, will familiarize themselves with the unique aspects of service delivery at that site including emergency procedures and identification of local emergency resources, including phone numbers.

**V REFERENCES:**

- A. **Michigan Department of Health and Human Services:** Presentation entitled "Telemedicine: Policy, Billing & Reimbursement"
- B. **CARF 2019 Behavioral Health Manual**
- C. **World Health Organization**
- D. **Medical Services Administration Bulletin** Michigan 20-09 dated March 12, 2020: General Telemedicine Policy