


COMMUNITY MENTAL HEALTH OF OTTAWA COUNTY
MANAGEMENT OF INFORMATION

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CHAPTER: 10	SECTION: 13	SUBJECT: MANAGEMENT OF INFORMATION
TITLE: TELEHEALTH		
EFFECTIVE DATE: 4/1/2020	REVISED/REVIEWED DATE: 5/6/21, 10/20/22, 5/11/2023	
ISSUED AND APPROVED BY:  EXECUTIVE DIRECTOR		

I PURPOSE:

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

II APPLICATION:

Any Community Mental Health of Ottawa County (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, World Health Organization). 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.
 - a) Telehealth services can not be held while driving a vehicle as this poses a safety risk.
- 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. Telemedicine is allowed for all services indicated in the Bureau of Specialty Behavioral Health Services Telemedicine Database. The features of what will be counted as a telemedicine visit need to align with the same standards of an in-person visit. Telemedicine visits must include

service provision as indicated in the IPOS and should reflect work towards or review of goals and objectives indicated in the IPOS.

- B. 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.
- C. Telemedicine must only be utilized when there is a clinical benefit to the beneficiary.
 - 1. Services to the beneficiary via telemedicine must be done at the convenience of the beneficiary and these services must be a part of the person-centered plan of service and available as a choice, not a requirement, to the beneficiary.
 - 2. Telemedicine must only be utilized when the beneficiary's goals for the visit can be adequately accomplished, there exists reasonable certainty of the beneficiary's ability to effectively utilize the technology, and the beneficiary's comfort with the nature of the visit is ensured.
 - 3. Use of telemedicine should ensure and promote community integration and prevent isolation of the beneficiary. Evidence based practice policies must be followed as appropriate for all services. For services within the community, in-person interactions must be prioritized.
 - 4. If the individual (beneficiary) is not able to communicate effectively or independently they must be provided appropriate on-site support necessary to participate in assessments, services, and treatment. It must be ensured that the individual is not being influenced or prompted by others when utilizing telemedicine.
 - 5. Appropriate guidance must be provided to the beneficiary to ensure they are prepared and understand all steps to effectively utilize the technology.
 - 6. As standard practice, in person visits are the preferred method of service delivery; however, in cases where this option is not available or in-person services are not ideal or challenging to the beneficiary, telemedicine may be used as a complement to in-person services.
 - 7. The use of telemedicine services must have reasonably frequent and periodic in-person evaluations of the beneficiary by the provider to personally assess and update the beneficiary's treatment history, effectiveness of treatment modalities, and current condition and/or treatment plan.
 - 8. Beneficiary records must contain documentation regarding the use of telemedicine and the steps taken to ensure the beneficiary was provided utilization guidance in an appropriate manner.
 - 9. In special situations, depending on the need of the beneficiary, providers may opt to deliver the majority of services via telemedicine. If this situation occurs, it must be documented in the beneficiary's record or in their individual plan of services (IPOS).
 - 10. All services provided via telemedicine must meet all the quality and specifications as would be if performed in-person.
 - 11. If while participating in the visit the desired goals of the beneficiary and/or the provider are not being accomplished, either party must be provided the opportunity to end the visit and schedule an in-person visit instead within a reasonable amount of time.
- D. MDHHS supports the use of simultaneous audio/visual telemedicine service delivery, as a primary method of telemedicine service, but in situations where the beneficiary cannot access services via a simultaneous audio/visual platform, either due to technology constraints or other

concerns, MDHHS allows for the provision of audio-only services for a specific set of procedures codes. Additional guidelines for audio-only service include:

1. Visits that include an assessment tool – the tool must be made available to the beneficiary and the provider must ensure the beneficiary can access the tool.
 2. When treatment technique or evidence-based practice requires visualization of the beneficiary, it must be performed via simultaneous audio/visual technology.
 3. Audio-only must be performed at the preference of the beneficiary, not the provider's convenience.
 4. Privacy and security of beneficiary information must always be established and maintained during an audio-only visit.
- E. Allowable telemedicine and telehealth services are limited to those listed on the MDHHS fee schedule (www.michigan.gov/medicaid providers>>Billing and Reimbursement>>Provider Specific Information>>Physicians/Practitioners/Medical Clinics>>Telemedicine Services). Current Procedural Terminology (CPT) coding changes occur frequently. The Medicaid Code and Rate Reference Tool, located via the External Links menu in CHAMPS, may also be used to determine eligible reimbursement codes.
- F. 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.
- G. 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.
- H. The technology must meet the needs of audio-visual compliance in accordance with current regulations and industry standards.
- I. 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.
- J. 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. This policy is not intended to be used to condone the sole use of telehealth as a means of service delivery. Best practice for service delivery includes face to face delivery of services based on clinical appropriateness as determined by factors such as symptomology, changes in functioning, and clinical judgement.
- K. 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.
- L. 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.

- M. 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.
- N. 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.
- O. The provision of telehealth includes:
 - 1. CMHOC staff helping 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:
 - 1. Treatment techniques/interventions
 - 2. Equipment
 - 3. Materials
 - 4. Environment of the site including accessibility, privacy, and usability of equipment
- P. 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.
- Q. 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.
- R. 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 2022 Behavioral Health Manual**
- C. **World Health Organization**
- D. **Bureau of Specialty Behavioral Health Services:** Telemedicine DataBase dated 5/12/2023
- E. **Medical Services Administration Bulletins:**
 - 1. MSA 20-09 dated March 12, 2020: General Telemedicine Policy
 - 2. MSA 21-24 dated July 2, 2021: Asynchronous Telemedicine Services
 - 3. MSA 23-10 dated March 2, 2023: Telemedicine Policy Post-COVID-19 Public Health Emergency
- F. **PCNX – Submitting Telehealth Encounters FAQs**
- G. **CMHOC Electronic Communication Consent**