

Category: **CLINICAL PRACTICE**
Title: **TELEHEALTH / TELEMEDICINE**

Prior Approval Date: 9/11/19
Current Approval Date: 01/14/26

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Chief Executive Officer Date
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I. ABSTRACT

This policy establishes the standards and procedures of Macomb County Community Mental Health (MCCMH), an official agency of the County of Macomb, for the provision of telehealth services through MCCMH consistent with applicable State and federal law.

II. APPLICATION

This policy shall apply to directly-operated and contract network providers of MCCMH.

III. POLICY

It is the policy of MCCMH to make telehealth services available to persons served and to ensure that such telehealth services are rendered according to the same standards of care applicable to in-person encounters, including but not limited to those governing patient privacy and confidentiality, and consistent with State and federal guidelines applicable to prescribing via telehealth.

IV. DEFINITIONS

A. Authorized Originating Sites

The location of an eligible person served at the time of the service being furnished via a telecommunications system occurs. Home, as defined as location, other than a hospital or other facility, where the person receives care in a private residence, is allowed as an originating site for eligible individuals for telemedicine services. In accordance with clinical judgment, any other established site considered appropriate by the provider is considered an allowable originating site, so long as all privacy and security requirements are established and maintained during the telemedicine service.

The following are authorized as originating sites for telemedicine services:

1. County mental health clinic or publicly funded mental health facility
2. Federally Qualified Health Center (FQHC)
3. Hospital (inpatient, outpatient, or critical access hospital)
4. Office of a physician or other practitioner (including medical clinics)
5. Hospital-based or Critical Access Hospital (CAH)-based Renal Dialysis Centers (including satellites)
6. Rural health clinics
7. Skilled nursing facility
8. Tribal Health Center (THC)
9. Local Health Department
10. Home
11. Other established sites considered appropriate by the provider

B. Authorized Practitioner

Telemedicine services must be provided by a health care professional who is licensed, registered, or otherwise authorized to engage in his or her health care profession in the state where the person served is located. The physician or practitioner at the distant site who is licensed under State law to furnish a covered telemedicine service may bill and receive payment for the service when it is delivered via a HIPAA-compliant secure telecommunications system.

C. Distant Site

The location of the physician or practitioner providing the professional service at the time of the telemedicine visit. This 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 telemedicine visit are maintained.

D. Person(s) Served:

Broad, inclusive reference to an individual requesting or receiving mental health services delivered and/or managed by MCCMH including Medicaid Enrollees and all other recipients of services provided by MCCMH.

E. Telehealth:

The use of electronic information and telecommunication technologies to support or promote long-distance clinical health care, patient and professional health related education, public health, or health administration. Telehealth may include, but is not limited to, telemedicine.

F. Telemedicine:

The use of electronic media to link persons served with health care professionals in different locations. To qualify as telemedicine, the health care professional must be able to examine the person via a real-time, interactive audio or video (or both) telecommunications system, and the patient must be able to interact with the off-site health care professional at the time the services are provided.

V. STANDARDS

- A. Telehealth services shall be provided and billed consistent with applicable federal and State law, as well as with relevant guidelines described in the Michigan Medicaid Provider Manual.
- B. Services delivered via telehealth must comply with all payer-specific coverage criteria, clinical standards, and documentation requirements in effect at the time the services are rendered. The use of telehealth does not expand the scope of covered services and must meet the same standards of care as services delivered in person.
- C. Allowable telemedicine services are limited to those listed on MDHHS' telemedicine fee schedule, in effect and as amended.
- D. To be reimbursed by Medicaid for telemedicine services, providers must have a contract with or be authorized by MCCMH and must be enrolled in Michigan Medicaid.
- E. Audio-only services may only be provided as expressly permitted by Medicaid, Medicare, and MDHHS regulations in effect at the time of service delivery.
 - 1. When audio-only services are allowed, providers must ensure that all applicable clinical, documentation, and billing requirements are met.
 - 2. If audio-only services are not permitted under current payer guidance, such services shall not be used in lieu of in-person or simultaneous audio/visual telehealth encounters.
- F. Telemedicine may only be provided by health care professionals who are licensed, registered, or otherwise authorized to engage in his or her health care profession in the state where the relevant person served is located.
- G. Telemedicine should only be used when it provides a benefit to the person served and can adequately accomplish the goal(s) for the visit while ensuring the individual receiving the service is comfortable with and effectively able to use the technology.
- H. Neither directly operated nor contracted network providers of the MCCMH may provide telehealth services without first directly or indirectly obtaining consent for treatment and obtaining written consent for telehealth services.
- I. Treatment via telehealth shall not deviate from standards of care applicable to face-to-face, in-person assessment and treatment.
- J. As standard practice, in-person visits are the preferred method of service delivery; however, when chosen by the person served, telemedicine and telehealth services may be used as a complement to in-person services to reduce barriers to care and increase engagement opportunities.

- K. Telehealth services cannot be provided indefinitely for any person served without reasonably frequent, in-person evaluations of the individual by the primary case holder or other member of the treatment team (e.g. nurse, prescribing physician, therapist, etc.).
- L. Where face-to-face visits are required (e.g., nursing facility-related services), telemedicine service may be used in addition to the required face-to-face visit but cannot be used as a substitute.
- M. When providing a telehealth service, neither directly operated nor contracted network providers of MCCMH shall prescribe a drug to any person served unless all the following conditions are satisfied:
 - 1. The provider is a health professional who is acting within the scope of his or her practice in prescribing the drug;
 - 2. If the health professional is prescribing a drug that is a controlled substance they must do so in accordance with federal and State law;
 - 3. After providing the telehealth service, the health professional or a health professional who is acting under a delegating health professional, shall make himself or herself available to provide follow-up health care services to the person served or refer the person to another health professional for follow-up health care services.
- N. Telemedicine may only be provided where the person served and providers are at authorized originating and distant sites.
- O. Services and fees which may be billed by authorized originating sites (e.g., originating site facility fee) are described by the Michigan Department of Health and Human Services (MDHHS) respective policy bulletins.
- P. Providers at the distant site can only bill services listed in the Telemedicine Services Database available on the MDHHS website.
- Q. The health practitioner should request a face-to-face, in-person consultation if the condition of the person served does not lend itself to a telemedicine consultation or telehealth services, or if the visual or sound quality is inadequate.
- R. Other provider staff may be present during the telehealth encounter to the same extent such staff would be appropriate during the provision of face-to-face services considering applicable State and federal patient privacy laws and regulations. For example, nurses may be present to provide incidental services to a psychiatrist.
- S. Technology:
 - 1. Technology used by directly operated or contracted network providers in the provision of telehealth services must meet the following minimum standards:
 - a. Transmission speed must be the minimum necessary to allow for the

smooth and natural communication pace required for clinical encounters;

- b. Must have a means for limiting system access to that which is minimally necessary, and a means for tracking such access in a reportable/auditable manner;
- c. Must use a system to provide a new and unique meeting ID and password for every telehealth session;
- d. All audio and video transmissions must be encrypted and meet the privacy and security standards upheld by MCCMH, consistent with State and federal guidelines, including but not limited to HIPAA; and
- e. Devices used to transmit protected health information must have up-to-date security software to guard against cyber-attacks.

2. Direct and contracted network provider staff providing telehealth services must:

- a. Be trained and demonstrate competence in the proper use and storage of telehealth equipment and software prior to use; and
- b. Test all technology prior to starting the telehealth session.

3. Directly operated provider staff must immediately inform the MCCMH Chief Information Officer or designee if any deficiencies are noted in the telehealth technology either before or during a telehealth session and must not proceed or continue with the telehealth session until all technology issues are fully resolved.

T. Direct and contracted network provider staff providing telehealth services must ensure that a back-up/contingency plan is in place for use in the event of a technology/equipment failure. The backup plan must be communicated to the person served in advance of the telehealth session, and must ensure that:

- 1. There is a means of communicating with the person served immediately after the technology failure;
- 2. The person served receives any necessary services (e.g., ensuring the person has prescription medications to last until the next telehealth or in-person session can be scheduled); and
- 3. Another telehealth session or in-person session is scheduled as soon as possible after the technology failure. An in-person session should be scheduled if the telehealth technology will not be operable within forty-eight (48) hours after the technology failure.

U. The person served has the right to discontinue a telehealth session or telehealth services at any time.

- V. Section 6505 of the Affordable Care Act amends section 1902(a) of the Social Security Act (the Act) and requires that a State shall not provide any payments for items or services provided under the State plan or under a waiver to any financial institution or entity located outside of the United States (U.S.). This provision prohibits payments to telemedicine to providers located outside of the U.S., Puerto Rico, the Virgin Islands, Guam, the Northern Mariana Islands, and American Samoa. Additionally, payments to pharmacies located outside of the U.S., Puerto Rico, the Virgin Islands, Guam, the Northern Mariana Islands, and American Samoa are not permitted.

VI. PROCEDURES

- A. With each use of telemedicine, the relevant provider must document in MCCMH's electronic medical record (EMR) FOCUS present facts which establish that telemedicine is an appropriate service delivery method. This includes but is not limited to the person served requesting to receive telehealth services to allow for care continuity should an in-person visit be a barrier.
- B. Informed Consent:
1. Provider staff must obtain written informed consent from the person served prior to the provision of telehealth services. Persons served must be provided MCCMH's Informed Consent for Telehealth Services Form attached to this policy.
 2. The Informed Consent for Telehealth Services Form informs persons served of the potential risks and consequences of receiving telehealth services. Persons served will be informed that services will not be withheld if telehealth services are refused, and that the person served has the right to terminate a telehealth session or their use of telehealth services generally at any time and opt to receive in-person services instead.
 3. Provider staff will discuss the content of the Informed Consent for Telehealth Services Form with the person served prior to obtaining the person's signature on MCCMH's Acknowledgement and Consent Form.
 4. Informed Consent for Telehealth Services shall be reviewed at least annually, or more frequently as appropriate based on the individual's needs.
- C. Privacy/ Confidentiality/ Security:
1. The privacy and confidentiality of the telehealth services shall be maintained by ensuring that the locations of the person served and the health professional are secure. The services shall be provided in a controlled environment (closed doors) where there is a reasonable expectation of absence from intrusion by individuals not involved in the direct care of the individual.
 2. "Do Not Enter" signs will be posted on the outside door of offices used to notify individuals not to enter the room during the provision of telehealth services.

3. Staff of directly operated and contract network providers that are involved in the care of the individual served, family members, and technical staff may at times be present during telehealth service encounters. Persons served will be informed about others that are present with the provider at the distant site if such persons are off camera and appropriate authorizations for disclosure of information will be obtained. Whenever possible, the presence of non-clinical staff during a telehealth service will be avoided.
4. Where necessary, appropriate staff of the directly operated or contract network provider will be at the site with the individual served during the telehealth service to ensure the safety of the person served.
5. Telehealth Services will not be audio or video recorded nor will screen shots be taken.

D. Telehealth Session Quality:

1. All offices used in the provision of telehealth services (remote and originating) will be set up to maximize visual and audio quality, with limited noise disruption and adequate lighting.
2. Clinical staff and the person served will both position themselves in front of their cameras/webcams so that each is in acceptable view of one another.

E. Required Documentation:

1. The clinical record for telehealth encounters must be consistent with standards required for documentation for traditional in-person encounters.
2. Prescriptions will be documented according to MCCMH's standard procedures.
3. When equipment failures prevent adequate diagnosis or treatment, or prevent a full telehealth service encounter from occurring, a progress note should be written to document such failure. Such partial encounters are not billable/reimbursable events.

F. All provider staff involved in the provision of telehealth services should demonstrate competency in the technology required.

1. Training will be provided for directly operated provider staff by MCCMH Information Technology Division before any such staff is allowed to provide or assist in the provision of Telehealth Services, and thereafter as required.
2. Contract network providers will establish policies and procedures to ensure competency in the required technology prior to allowing staff to provide or assist in the provision of Telehealth Services and will provide records of related training and competency testing upon MCCMH's request.

- G. MCCMH Information Technology Division will be responsible for ensuring that equipment used in the provision of telehealth services by directly-operated providers complies with the minimum standards described in this policy.
- H. Contract network providers will establish policies and procedures to ensure that equipment used in the provision of telehealth services complies with the minimum standards described in this policy.
- I. Contract network providers will establish policies and procedures to ensure compliance with this policy.

VII. REFERENCES / LEGAL AUTHORITY

- A. 21 USC 829(e)
- B. 42 U.S. Code § 1395m(m)
- C. MCL 333.16283 - 16288
- D. MCL 500.3476
- E. MCL 333.7303a(2)
- F. MCL 333.7104(1)
- G. MCL 333.16204e
- H. MMP 23-10 [Final-Bulletin-MMP-23-10-Telemedicine.pdf](#)
- I. MSA 20-09 [Policy Bulletin](#)
- J. MSA 20-34 Policy Bulletin
- K. Michigan Administrative Rules R. 338.3161a
- L. Michigan Medicaid Provider Manual
- M. Section 6505 of the Affordable Care Act

VIII. EXHIBITS

- A. Informed Consent for Telehealth Services