

Category:  
Title: **TELEHEALTH / TELEMEDICINE**

Prior Approval Date: 3/27/2019  
Current Approval Date: 9/11/2019

Approved by:

  
Executive Director

9-11-19  
Date

**I. Abstract**

This policy establishes the standards and procedures of the Macomb County Community Mental Health (MCCMH) Board for the provision of Telehealth Services through the MCCMH Prepaid Inpatient Health Plan (PIHP) consistent with applicable State and federal law.

**II. Application**

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

**III. Policy**

It is the policy of MCCMH to make Telehealth Services available to Individuals Served by the MCCMH PHIP 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. Individual(s) Served: Broad, inclusive reference to an individual requesting or receiving mental health services delivered and/or managed by the PIHP, including Medicaid Enrollees, and all other recipients of services provided by the CMHSP.
- B. 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.
- C. Telehealth Service: A health care service that is provided through Telehealth.

- D. Telemedicine: The use of an electronic media to link patients with health care professionals in different locations. To be considered telemedicine, the health care professional must be able to examine the patient 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 will 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. In order to be reimbursed by Medicaid for Telemedicine services, providers must have a contract with or be authorized by the MCCMH PIHP, and must be enrolled in Michigan Medicaid.
- C. 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 Individual Served is located.
- D. Telemedicine should be used primarily when travel is prohibitive for the Individual Served or when there is an imminent health risk justifying immediate medical need for services.
- E. Neither directly operated nor contracted network providers of the MCCMH Board may provide Telehealth Services without first directly or indirectly obtaining consent for treatment, and obtaining written consent for Telehealth Services. (See Exhibit A).
- F. Treatment via Telehealth shall not deviate from standards of care applicable to face-to-face, in-person assessment and treatment.
- G. 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.
- H. Telemedicine Prescribing: When providing a Telehealth Service, neither directly operated nor contracted network providers of the MCCMH Board shall prescribe a drug to any Individual Served unless all of 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 he or she must do so in accordance with Federal and State law.
  3. To the extent the health professional considers it medically necessary, the health professional provides the Individual Served with a referral for other health care services that are geographically accessible to the Individual Served, including, but not limited to, emergency services; and

4. After providing the Telehealth Service, the health professional, or a health professional who is acting under the delegation of the delegating health professional, shall make himself or herself available to provide follow-up health care services to the Individual Served or refer the Individual Served to another health professional for follow-up health care services.
- I. Authorized Telemedicine Sites: Telemedicine may only be provided where the Individual Served and providers are at Authorized Originating and Distant Sites. A CMH/PIHP can be either an Originating Site or a Distant Site for Telemedicine services.
    1. Authorized Originating Sites: The Originating Site is the location of the eligible beneficiary at the time the service is furnished via Telemedicine. The following are Authorized Originating Sites for Telemedicine:
      - a. County mental health clinic or publicly funded mental health facility;
      - b. Federally Qualified Health Center (FQHC);
      - c. Hospital (inpatient, outpatient, or critical access hospital);
      - d. Office of a physician or other practitioner (including medical clinics);
      - e. Hospital-based or CAH-based Renal Dialysis Centers (including satellites);
      - f. Rural health clinics;
      - g. Skilled nursing facility; or
      - h. Tribal Health Center (THC).

Services and fees which may be billed by authorized Originating Sites (e.g., originating site facility fee) are described by the Michigan Medicaid Provider Manual.
    2. Authorized Distant Sites: The location of the physician or practitioner providing the professional service via a Telemedicine is called the Distant Site. A medical professional is not required to present the beneficiary to the physician or practitioner at the Distant Site unless medically necessary. Providers at the Distant Site can only bill services listed in the Telemedicine Services Database available on the MDHHS website: [https://www.michigan.gov/mdhhs/0,5885,7-339-71551\\_2945\\_42542\\_42543\\_42546\\_42551-151022--,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_42542_42543_42546_42551-151022--,00.html)
  - J. The health practitioner should request a face-to-face, in-person consultation if the condition of the Individual Served does not lend itself to a Telemedicine consultation or Telehealth Services, or if the visual or sound quality is inadequate.
  - K. 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 in light of applicable State and federal patient privacy laws and regulations. For example, nurses may be present to provide incidental services to a psychiatrist.
  - L. 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. Have been 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 in the event that 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.
- M. Direct and contracted network provider staff providing Telehealth Services must assure 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 Individual Served in advance of the Telehealth session, and must ensure that:
1. There is a means of communicating with the Individual Served immediately after the technology failure;
  2. The Individual Served receives any necessary services (e.g., ensuring the Individual Served 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.
- N. The Individual Served has the right to discontinue a Telehealth session or Telehealth services at any time.

- O. Telepractice: Providers of BHT or ACT services should refer to the Michigan Medicaid Provider Manual for additional guidelines and restrictions regarding permitted "telepractice" (e.g., BHT telepractice patient site may be located at the patient's home or any other established site deemed appropriate by the provider).

## VI. Procedures

- A. With each use of Telemedicine, the relevant provider must document in FOCUS present facts which establish that Telemedicine is an appropriate service delivery method because either: (i) travel is prohibitive for the Individual Served; or (ii) there is an imminent health risk justifying immediate medical need for services.

If there are no present facts establishing that Telemedicine is appropriate because of one of these reasons, the provider may not use Telemedicine.

### B. Informed Consent:

1. Provider staff must obtain written informed consent from the Individual Served prior to the provision of Telehealth Services using the MCCMH Informed Consent for Telehealth Services form attached to this policy.
2. The Informed Consent for Telehealth Services form will inform the Individual Served of the potential risks and consequences of receiving Telehealth Services. Individuals Served will be informed that PIHP services will not be withheld if Telehealth Services are refused, and that the Individual 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 with the Individual Served fully prior to obtaining the signature of the Individual Served, and the discussion must be documented in the record of the Individual Served.
4. Provider staff must scan the fully executed Informed Consent for Telehealth Services into the "Other Legal Documents" section of the FOCUS medical record of the Individual Served.

### C. Privacy / Confidentiality / Security:

1. The privacy and confidentiality of the Telehealth Services will be maintained by ensuring that the locations of the patient and the health professional are secure. The services will 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 Served.
2. "Do Not Enter" signs will be posted on the outside door of offices used in order to notify individuals not to enter the room during the provision of Telehealth Services.
3. Staff of direct 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. Individuals 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 direct operated or contract network provider will be at the site with the Individual Served during the Telehealth Service to ensure the safety of the Individual Served.
5. The 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 Individual 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 required technology.

1. Training will be provided for direct 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 in order 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 direct operated providers complies with the minimum standards described in this policy.



- H. Contract network providers will establish policies and procedures in order 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. Michigan Administrative Rules R. 338.3161a
- I. Michigan Medicaid Provider Manual

## **VIII. Exhibits**

- A. Informed Consent for Telehealth Services