

**BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY
POLICIES AND PROCEDURES MANUAL**

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|--|---|---|--|
| Chapter: 4 | Care and Treatment Services | | |
| Section: 9 | Health Care Management | | |
| Topic: 21 | Clinical Telemedicine Services | | |
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| | | | <i>Chief Executive Officer Signature</i> |
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Policy

It is the policy of Bay-Arenac Behavioral Health Authority (BABHA) to permit the delivery of healthcare services utilizing tele video equipment. These services, known collectively as telemedicine services, shall be delivered according to the procedures established by BABHA, shall conform in all ways with applicable legal requirements, and shall be delivered in a manner that protects and promotes recipient rights, individual choice and independence.

Purpose

This policy and related procedures are intended to permit the delivery of certain behavioral healthcare services via tele video technology and to establish the protocols, procedures and standards by which the program will operate at BABHA. It is the purpose of this policy and procedure to address only those aspects of care or service delivery that are unique to telemedicine. In all other respects, the clinical policies and procedures of BABHA shall apply, unless otherwise noted herein.

Education Applies to

- All BABHA Staff
- Selected BABHA Staff, as follows: All Clinical Staff, Clinical Provider Supervisors and Clinical Clerical Support
- All Contracted Providers: Policy Only Policy and Procedure
- Selected Contracted Providers, as follows:
 - Policy Only Policy and Procedure
- Other:

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Definitions

Distant Site: This term usually refers to the location where the practitioner is located. For the purposes of billing Medicaid, there are no distance requirements between the originating site and the distant site¹.

Face-To-Face: For the purposes of this policy, billing, and reimbursement, services delivered via tele video are considered face-to-face services. They are not considered ‘in-person’ services in the legal, billing, and reimbursement context of the ‘in-person’ term.

Originating Site: This term usually refers to the location where the individual is located. For the purposes of billing Medicaid, there are no distance requirements between the originating site and the distant site².

Practitioner: This term is intended to be inclusive of properly licensed psychiatrists, nurse practitioners, physician assistants, or other professionals, who may, within the scope of their practice, deliver psychiatric care via videoconferencing. This term may include other behavioral healthcare service providers depending on the particular healthcare service that is being delivered.

- a) Practitioners shall be duly licensed (in the State of Michigan) and function within their authorized scope of practice; practitioners may be required to be credentialed and/or privileged by BABHA, McLaren Bay Region, Saginaw Psychological Services, etc.
- b) Practitioners at all times shall be subject to the rules, policies and regulations of BABHA and standards of care and practice, regulatory requirements, etc., of the State of Michigan.
- c) Practitioners shall maintain a service schedule approved by the department supervisor, shall be on time, and shall make best professional efforts to work within the productivity expectations contractually agreed upon.

Clinician: This term is intended to be inclusive of properly licensed social workers, professional counselors, psychologists, or other professionals, who may, within the scope of their practice,

¹ Michigan Department of Community Health, Medical Services Administration Bulletin, 13-34, August 30, 2013

² Michigan Department of Community Health, Medical Services Administration Bulletin, 13-34, August 30, 2013

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deliver behavioral health care via videoconferencing during the pandemic and while under state of emergency status and after as long as the services are supported by billing practices. This term may include other behavioral healthcare service providers depending on the particular healthcare service that is being delivered.

- a) Clinicians shall be duly licensed or certified (in the State of Michigan) and function within their authorized scope of practice; practitioners may be required to be credentialed and/or privileged by BABHA, McLaren Bay Region, Saginaw Psychological Services, etc.
- b) Clinicians at all times shall be subject to the rules, policies and regulations of BABHA and standards of care and practice, regulatory requirements, etc., of the State of Michigan.
- c) Clinicians shall maintain a service schedule approved by the department supervisor, shall be on time, and shall make best professional efforts to work within the productivity expectations contractually agreed upon.

Telemedicine: Also known as ‘telehealth’ and/or ‘telepsychiatry’, is the use of an electronic media to link beneficiaries with health professionals in different locations. The examination of the beneficiary is performed via a real-time interactive audio and video communications system. This means that the beneficiary must be able to see and interact with the off-site (distant site) practitioner at the time services are provided via telemedicine³.

Telephone Appointments: During a state of emergency such as a pandemic, Michigan regulatory bodies have allowed behavioral healthcare to be conducted via telephone only which is audio only without video component.

Procedure

The MDHHS Bureau of Specialty Behavioral Health Services requires all the requirements of Telemedicine policy to be attained and maintained during all beneficiary visits. Services delivered via telemedicine must be done at the convenience of the beneficiary, not the

³ Medicaid Provider Manual, Mental Health and Substance Abuse Services Chapter, Section 3.23, Telemedicine. July 1, 2010.

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convenience of the provider. These services must be a part of the person-centered plan of service and available as a choice, not a requirement, to the beneficiary.

Telemedicine providers who are rendering services within the specialty behavioral health system must follow all PIHP/CMHSP enrollment procedures. These PIHP/CMHSP providers are required to be affiliated to the beneficiary’s care team (via a shared medical record or a referral relationship) to ensure that the beneficiary has reasonably frequent and periodic in-person evaluations to personally reassess and update the beneficiary’s medical treatment/history, effectiveness of treatment modalities, and current medical/behavioral condition and/or treatment plan. (text added per bulletin MMP 24-06).

If the individual (beneficiary) is not able to communicate effectively or independently, they must be provided appropriate on-site support from natural supports or staff. This includes the appropriate support necessary to participate in assessments, services, and treatment.

The PIHP/CMHSP must guarantee the individual is not being influenced or prompted by others when utilizing telemedicine.

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.

1. Use of Equipment

BABHA is responsible for the purchase, installation, management, and maintenance of all equipment necessary to conduct telepsychiatry services AT ITS SITES. Equipment may be provided, loaned, or leased to practitioners at the sole discretion of BABHA. If BABHA-owned equipment is provided to the practitioner, it is and shall remain the property and responsibility of BABHA.

- a. Camera, Video Display Unit and Video Transmission Equipment: Staff members at the originating site who will have responsibility for operating the

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telecommunications/tele video equipment will be provided with training. Training includes camera placement, focus, movement, and other settings to ensure that close-up or distance views are available as clinically appropriate, that distractions are minimal, and that video images and audio quality are as natural as possible, and that good eye contact is maintained.

- i. BABHA has ensured that camera control is under the direct control of the practitioner at the distant site.
 - ii. BABHA staff do not need to frame the originating site unless specifically requested to do so by the distant practitioner.
- b. Sound/Volume Control: Staff members at the originating site will be provided with training to ensure understanding of how to mute the microphone (and video display terminal), and how to adjust the microphone and volume so that the practitioner and the individual clearly hear one another.
- c. Troubleshooting: A troubleshooting guide will be provided at each originating site that is specific to the equipment installed at that location.
- i. Basic troubleshooting (for example, ensuring that the video display unit is tuned to the correct channel, that all power buttons are switched on, etc.) will be the responsibility of staff at the originating site.
 - ii. Problems not reconciled at this level will be escalated to the BABHA Help Desk.
 - iii. BABHA Help Desk staff will be responsible for assisting with issues that cannot be resolved by program staff or that involve internet connectivity.
 - iv. BABHA Help Desk may escalate other problems to the vendor that manages our dedicated video network.
- d. Privacy and Security: BABHA has implemented a separate, secure, encrypted, dedicated video network for the purposes of delivery of telemedicine services.
- i. Systems that provide BABHA telepsychiatry services will be protected from unauthorized access by establishing a username and password to enter the telepsychiatry portal.
 - ii. Usernames and passwords established for this purpose shall be known only to program staff and practitioners authorized to enter the telepsychiatry portal.
 - iii. All video transmissions involving clinical content are encrypted.

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- iv. Users who need multiparticipant recurring meetings must enable waiting room features and change passwords with each use
 - e. Communication technology used to deliver services: Doxy.me, Zoom, and Microsoft Teams are each HIPPA compliant means to deliver telehealth services. BABHA Clinic Sites primarily utilize Doxy.me. Zoom or Teams can be used when multiple parties need to participate from different distant sites.
2. Emergency Preparedness and Communications
- a. Each originating (service) site supervisor should ensure that the distant practitioner has:
 - i. Screen to Fit: The clinician/practitioner can provide telehealth services within their scope of practice and has the technology skills to facilitate a video appointment and can troubleshoot as needed.
 - ii. Emergency Contact Information, including cell phone numbers, and names, of all staff whom he/she may need to reach during service delivery. This includes reception staff, the program supervisor, designated support staff, alternates, etc.
 - iii. Emergency Contact information for local emergency services, including police, fire, ambulance, etc. These telephone numbers should be LOCAL ACCESS Numbers (in other words, the local number for '911' is '989-XXX-XXXX').
 - iv. Written protocols for how the distant practitioner is asked to handle emergencies, including contact with originating site staff.
 - b. The distant site practitioner is to provide to the department supervisor, who will then communicate it to appropriate BABHA personnel, his/her emergency contact information. The physician and the program supervisor are to work out protocols for emergency and after-hours contact, daytime consultation procedures, etc.
3. Orientation of Persons Served
- a. A written consent to receive services via tele video equipment is required. Individual choice is to be respected, and a person may opt not to receive services from a particular clinician or practitioner or using the tele video method of service delivery depending on available resources and medical necessity to change or choose clinician or practitioner.

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- b. The clinical staff with responsibility for developing and implementing the person's Person-Centered Plan of service is charged with the responsibility of orienting the person (and/or his/her family or other support persons) to services via tele video equipment.
 - i. Orientation of the person by the assigned clinician should include the following pertinent points:
 - 1. Screen to fit: Is the individual able to participate in a video appointment from home with confirmed available electronic device to support participation.
 - 2. Services are not being recorded; there is no recording equipment allowed or provided.
 - 3. Privacy is as secure as a private phone call.
 - 4. The clinician/practitioner is the only person in the room at the distant end.
 - c. The clerical support person (or other person assisting the individual receiving services at the time of telemedicine service delivery) should orient the individual to the Direct-to-Consumer workflow:
 - i. The individual should interact as naturally as possible and ask questions at any time.
 - ii. Explain how forms and prescriptions will be handled (varies by site);
 - iii. Ask the individual not to touch the equipment.
 - iv. Explain emergency procedures, if applicable.
 - v. Explain how to leave the room and move to the proper area after services have been received.
4. Clinician/Practitioner Responsibilities
- a. It is the responsibility of the Clinician/Practitioner to ensure the distant site is private and confidential. The distant site is required to be in an office or office-like setting free of distractions and interruptions from pets, children or others.
 - b. The Clinician/Practitioners shall present professionally and prepared for the session as if in an office setting. Attire shall be business casual.
 - c. It is the responsibility of the Clinician/Practitioner to ask and document where the person is, physically, to ensure confidentiality and confirm identity using two

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- identifiers (i.e. name and date of birth or street address) as well as confirm Place of Service required for billing.
- d. Place of Service and person's present should be documented in the narrative of the clinical document as well as Place of Service should be chosen accurately in the Service Activity Log on the Signature Page of each clinical document.
 - e. It is the responsibility of the Clinician/Practitioner or delegate to ensure the parent or guardian is available as appropriate to participate in the appointment, along with other people the individual may ask to accompany them for the appointment.
 - f. It is the responsibility of the Clinician/Practitioner to ask about personal safety if the individual is at home or in the community. Appointments shall not be conducted if the individual is driving. If there is suspected domestic violence concerns, a code word can be agreed upon to signal a request for help that will trigger a safety check to their location.
 - g. Practitioner is restricted to prescribing at 100% e-prescribing under the BABHA approved formulary for indigent individuals (or for ensuring that there is an adequate supply of sample medications for the individuals to dose from).
 - h. Practitioners are restricted to prescribing at 100% e-prescribing under the Medicaid formulary for all covered individuals and for compliance with any prior authorization requirements.
 - i. Practitioner is restricted to compliance with the BABHA Lab Studies protocol unless the health and safety of a person served would be compromised, at which point the practitioner may proceed and then inform BABHA of his/her actions, as well as document in the clinical record.
5. Documentation of Clinical Services
- a. Clinicians/Practitioners are responsible for producing clinical documentation that conforms to applicable BABHA policies and procedures within 24 hours of the delivery of a service via telemedicine.
 - i. The clinical documentation should include a notation that the service was delivered via telemedicine in the narrative.
 - ii. All elements of clinical decision making including mental status exam as feasible, safety and privacy, in addition to symptom or crisis management pertaining to the plan of service are documented and billed accordingly.

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- b. Clinicians/Practitioners are to use secure means to transmit clinical documentation that is compliant with legal safeguards ensuring that protected health information is not exposed to risk of disclosure.
 - c. Clinical documentation is the property of BABHA and is to be made a part of the permanent clinical record of the person served and cannot be housed outside of BABHA EHR. Routine checks of external device downloads files should be cleared of any PHI by the user.
6. Prescriptions
- a. Prescriptions of non-Federal Schedule II-V controlled substances, if any, will be handled via an electronic prescription management system selected by BABHA. Practitioners will be required to utilize the approved electronic prescription management system. Separate policies and procedures govern the use of these systems.
 - b. Prescriptions for Federal Schedule II-V controlled substances, if any, may be handled in either of the following three processes:
 - i. Prescriber sends, via FedEx or other expedited service delivery vendor, the properly completed and signed prescription directly to the pharmacy selected by the individual served in an envelope marked “Confidential – Attention Pharmacist”; or
 - ii. Prescriber sends, via FedEx or other expedited service delivery vendor, properly completed and signed prescriptions directly to the BABHA originating site in an envelope clearly marked confidential to a named responsible staff person.
 - iii. Prescriber sends, via EPCS in the agencies EHR system which utilizes a dual authentication system, the properly completed and electronically signed prescription directly to the Pharmacy’s electronic prescription system.
 - iv. Michigan Automated Prescription System (MAPS) is required by law for prescribing controlled substances. (Michigan.gov/LARA).
 - v. BABHA Protocol on prescribing controlled substances indicates a Controlled Substance Agreement is reviewed, signed, and on file in the EHR.
 - c. Informed Consent

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- i. BABHA and State of Michigan rules require that informed consents be attested to in writing. BABHA has policies and procedures that are to be followed in relation to services delivered by Telehealth.
 - ii. Each originating site must have workflow procedures for ensuring that informed consent forms are properly completed and signed before the person leaves the service site on the date of service delivery. Responsibility for approval of workflow procedures relating to informed consent is the responsibility of the service director for the originating site.
 - iii. Check Out processes will be in place for printing and mailing Aftercare Plans, Medication Consents, Medication Logs, educational materials, Consents to Exchange Information, Program Rules, Clinic Protocols, or any other clinical documents requiring signatures.
 - iv. Patient Portal can be utilized to obtain signatures on most documents.
7. Service Activity Logs/Reporting
- a. When services have been delivered via telemedicine, the program staff are to record the appropriate CPT code (or HCPCS Code) for the service on a service activity log or other suitable record and include the modifier “GT” as well as document Place of Service (telehealth).
 - b. Encounter reporting is done according to the established procedures of BABHA after all associated clinical documentation has been received from the practitioner.
8. Local Protocols
- a. Originating Sites may have, at the discretion of the program supervisor, protocols supporting the delivery of healthcare services via tele video technology that conform to the BABHA policy and procedures applicable to the protocol.
 - b. Originating Sites may have procedures, at the discretion of the program supervisor, to support the distant practitioner’s need for clinical information, especially those that cannot be directly observed by the distant practitioner (i.e., olfactory observations).
9. Maintenance of Equipment
- a. The Information Systems department is responsible for maintaining all telemedicine equipment in accordance with manufacturers and software vendor recommendations.

Attachments

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Telemedicine Protocol for training and emergency preparedness

Related Forms

Training Checklist for Licensed Independent Practitioners (Staff Development Resources on Intranet)
 Consent to Treat (EHR)
 Controlled Substance Agreement (EHR)

Related Materials

N/A

References/Legal Authority

Michigan Department of Community Health, Medical Services Administration Bulletin, 13-34, August 30, 2013
 Michigan Automated Prescription System (MAPS) - Michigan.gov/LARA

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| SUBMISSION FORM | | | | |
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| AUTHOR/ REVIEWER | APPROVING BODY/COMMITTEE/ SUPERVISOR | APPROVAL/ REVIEW DATE | ACTION (Deletion, New, No Changes, Replacement or Revision) | REASON FOR ACTION - If replacement list policy to be replaced |
| J. Sedlock | J. Sedlock | 12/29/10 | New | |
| K. Withrow M. Swank | PNLT | 12/05/13 | Revision | Triennial review: Update with Person First language. Updated definitions for the originating site and distant site based on changes in the Medicaid Provider Manual. |
| A. Folsom B. Kish | SLT | 06/22/15 | Revision | Updated to add current practice and attach protocol. |
| A. Folsom | SLT | 7/24/19 | Reviewed | Triennial review: No changes |
| A. Folsom | HPC | 10/12/2020 | Revision | Triennial Review (new date) Updated to add current practice and language regarding controlled substances monitoring. And changed approving body to HPC. |
| A. Folsom | HPC | 1/21/22 | Revision | To include inclusion of clinician providers using telemedicine services during this pandemic. |
| A. Folsom | HPC | 6/3/22 | Added to Revisions from Jan 2022 | Triennial Review-Updated to current practice. |
| A. Folsom | HPC | 11/15/23 | Revised to clarify roles | In response to customer complaint. |
| A. Folsom | HPC | 10/25/24 | Revised | To include MDHHS Medicaid Provider Manual July 1, 2024 updates |