

ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

ADMINISTRATIVE PROCEDURE

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CHAPTER Service Delivery	CHAPTER 03	SECTION 001	SUBJECT 0105
SECTION Treatment	SUBJECT Telepsychiatry		
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I. APPLICATION:

- SCCCMHA Board
- SCCCMHA Providers & Subcontractors
- Direct-Operated Programs
- Community Agency Contractors
- Residential Programs
- Specialized Foster Care

II. PURPOSE STATEMENT:

St. Clair County Community Mental Health Authority (SCCCMHA) shall provide timely and appropriate telepsychiatry services in accordance with the current policies of applicable funding sources.

III. DEFINITIONS:

- A. Telepsychiatry: The use of a real time interactive audio and video communication between a psychiatrist, nurse practitioner, or physician assistant and a person receiving services in order to provide psychiatric care when participants are in different geographical locations.

IV. STANDARDS:

- A. Practitioners must meet the provider qualifications for the covered service provided via telepsychiatry. The practitioner must be licensed, registered, or otherwise authorized to engage in his or her health profession in Michigan (the state where the patient is located), enrolled in Michigan Medicaid, and have current privileges to provide services with SCCCMHA.
- B. Practitioners providing telepsychiatry services through SCCCMHA must have a contract with or be authorized by SCCCMHA.
- C. SCCCMHA and practitioners must ensure the privacy of the individual served and the security of any information shared via telepsychiatry.
- D. The technology used must meet the needs for audio and visual compliance in accordance with current regulations and industry standards. Telecommunication systems using store and forward technology, including asynchronous transmission of medical data, are not approved. All technology used must be

HIPAA-compliant.

- E. The room and set up shall provide maximum privacy and information security.
- F. Standard rules and regulations for keeping medical records, release of medical information and confidentiality, including HIPAA, are applicable to telepsychiatry.
- G. The Treatment Team, in conjunction with the individual receiving services and the caseholder, will determine if telepsychiatry is appropriate.
- H. Populations that may be appropriate for telepsychiatry include, but are not limited to, individuals with mild-to-moderate psychiatric conditions, those with limited access to in-person care due to geographical, physical, or logistical barriers, and individuals who demonstrate the ability to actively engage in virtual consultations.
- I. Form [#0134 Informed Consent to Participate in Behavioral Health Telepsychiatry Services](#) shall be obtained prior to the initial appointment. The individual has the right to withdraw the consent at any time and request that appointments be made face-to-face.
- J. Eligibility to receive (billable) telepsychiatry is to be verified through Primary Insurance carrier prior to service provision. Verification shall be completed by a CMH Finance Staff/designee.

V. PROCEDURES:

IT Department

- 1. Ensures secure, HIPAA-compliant equipment is set up and operational for telepsychiatry sessions.
- 2. Ensures IT staff are available for troubleshooting telepsychiatry equipment or connections when needed.

Medical Director/Primary Caseholder

- 3. Identifies an individual who may be appropriate for telepsychiatry services (may be at the request of the individual served).
- 4. Reviews form #0134 Informed Consent to Participate in Behavioral Health Telepsychiatry Services with the individual and obtains their signature/consent.
- 5. Notifies schedulers of the need to schedule the appointment for the individual.

Scheduler

- 6. Schedules an appointment with the individual at a mutually convenient date and time.

Telepsychiatry Facilitator

- 7. Ensures that the telepsychiatrist has the required information, answers questions from both the individual served and the telepsychiatrist, and assists with follow up and is available during the appointment if assistance is needed.

Telepsychiatrist

8. Conducts telepsychiatry session with individual as they would if they were in person, including documentation, ordering of labs, e-scribing, etc.
9. Consults as needed with other professionals on the treatment team.
10. Consults as needed with Medical Director.

VI. REFERENCES:

A. Medicaid Provider Manual

B. [#0134 Informed Consent to Participate in Behavioral Health Telepsychiatry Services](#)

VII. EXHIBITS:

None

VIII. REVISION HISTORY:

Date issued 03/19, 03/20, 03/21, 09/22