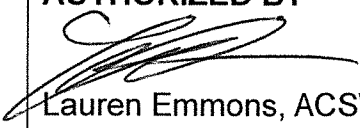


<b>CHAPTER</b> Service Delivery	<b>CHAPTER</b> 02	<b>SECTION</b> 001	<b>SUBJECT</b> 40
<b>SECTION</b> Treatment		<b>DESCRIPTION</b> Telepsychiatry Services	
<b>WRITTEN BY</b> Julie Cooley, MSA & Michelle Gould-Rice, LMSW QI Coordinator	<b>REVISED BY</b> Lisa Ruddy, CHES Quality Improvement Coordinator	<b>AUTHORIZED BY</b>  Lauren Emmons, ACSW CEO	

**APPLICATION:**

<input checked="" type="checkbox"/> CMH Staff	<input type="checkbox"/> Board Members	<input type="checkbox"/> Provider Network	<input checked="" type="checkbox"/> Employment Services Providers
<input type="checkbox"/> Employment Services Provider Agencies	<input checked="" type="checkbox"/> Independent Contractors	<input checked="" type="checkbox"/> Students	<input checked="" type="checkbox"/> Interns
<input checked="" type="checkbox"/> Volunteers	<input checked="" type="checkbox"/> Persons Served		

**POLICY:**

Lapeer County Community Mental Health (LCCMH) will use telepsychiatry services as a companion service or extension to onsite psychiatric services. The goal is to ensure that all individuals served by LCCMH will have timely and consistent access to psychiatric care.

**STANDARDS:**

- A. Persons served will be offered telepsychiatry services when onsite psychiatry services are not available, do not meet the needs of the person served, or by request of the person served.
- B. Verification of insurance benefit for telepsychiatry services is necessary prior to a telepsychiatry referral.
- C. Telepsychiatry services will be delivered in accordance with the Commission on Accreditation of Rehabilitation Facilities (CARF) Standards for technology and medical services.
- D. Telepsychiatry services will be delivered in a manner that meets Health Information Portability and Accountability Act (HIPAA) Compliance Standards.

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**PROCEDURES:**

A. Initial Requests for Services: Typical flow of care for persons served will proceed as follows:

1. A person served/guardian requests services at LCCMH.
2. LCCMH provides a full intake assessment / Bio-psychosocial Assessment (BPS), as defined by the Michigan Department of Health and Human Services (MDHHS).
3. If it is determined through the BPS a psychiatric assessment is necessary and the individual seeking services is a person served that meets target population for this program, the person is referred to LCCMH medical department.
4. The person served will sign Form #344 Person Served Information and Consent Form for Telepsychiatry prior to starting telepsychiatry services.
5. The scheduling support staff in the medical department at LCCMH ensures the referral information is in the electronic health record for the telepsychiatrist to view at least two days prior to initial appointment, if possible.
6. The scheduling support staff will schedule appointment for the person served and send the finalized schedule to the psychiatrist.
7. LCCMH calls the remote site via the web-based tele-conferencing application and the appointment begins. LCCMH has a Registered Nurse (RN) or Medical Assistant (MA), or other qualified staff person, who will manage the care of the person served before, during and after the appointment. For the first appointment the MA/RN may be present for the entire session if necessary; in subsequent appointments, the MA/RN can leave.
8. At the end of the appointment, Psychiatrist will indicate to scheduling support staff and the person served/family when to return for a follow-up appointment.
9. Scheduling support staff at LCCMH's medical department will schedule the return appointment with the person served.

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10. The physician's progress note is completed and sent electronically via LCCMH's Electronic Health Record (EHR) within 24 hours. All medications will be prescribed by the telepsychiatrist via LCCMH's e-prescribing system whenever possible. Any prescriptions that cannot be managed via the e-prescribing system, such as controlled substances and lab orders, will be faxed or 2-day mailed to LCCMH within 24 hours.

11. Medications are ordered in the following manner:

- a. Prescriptions will be electronically transmitted through the EHR to the pharmacy chosen by the person served.
- b. Controlled substance prescriptions are electronically transmitted or mailed to LCCMH who will then verify and send to the pharmacy chosen by the person served.
- c. When medication refills are needed, the person served/family should contact LCCMH who will then contact the prescribing psychiatrist to manage the refill authorization. **Please note:** there is a 3 business day turnaround time for non-emergent refill authorizations.

12. Labs are ordered in the following manner: The telepsychiatrist enters the lab orders in the EHR. The scheduling support staff will receive the orders and give directly to the person served.

13. For established persons served, unscheduled interventions may be handled over the phone, EHR secure messaging, through teleconferencing, etc. during normal business hours, by coordinating with LCCMH medical department and the designated MA/RN.

B. Ongoing requests for services:

1. Persons served will receive ongoing services from the same psychiatrist whenever possible. Scheduling will be done with the person served/family/caregiver and the LCCMH scheduling support staff.
2. Treatment team members can participate in meetings regarding the person served, using the teleconferencing modality. Consultation is welcomed.
3. Participation of entire families is considered a component of all

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treatment whenever possible. Permission of the person served/guardian must be obtained.

C. Financial Responsibilities: The customer service staff at LCCMH, in accordance with Medicaid guidelines, will obtain financial eligibility information, person served ability to pay, etc. consistent to any other individuals that receives services at the organization.

D. Eligibility for Telepsychiatry Services

1. Persons served with Medicaid, Medicare, Blue Cross and some commercial insurances are eligible for telepsychiatry services as specified in the insurance benefits.
2. Persons who need psychiatry services but do not have telepsychiatry insurance benefits will be referred for onsite psychiatry services when available.

E. Crisis Intervention: In the event of an emergency or life-threatening situation, LCCMH's standard crisis intervention plan should be initiated, up to and including dialing 911 if necessary. See policy 02.004.30 Emergency Coverage.

F. Referral Packets will be completed for each new person served, and will include the following documents:

1. Application for Service
2. Consent for Treatment using Tele-Conferencing Equipment
3. Authorization for Release of Information
4. Person served face sheet
5. Receipt of Notice of Privacy Practices
6. Financial Information Form
7. Intake Assessment (Bio-Psychosocial-BPS)
8. Individual Plan of Service (IPOS)
9. Treatment summary from clinician
10. Progress notes
11. Psychiatric Medications Treatment Plan (if one exists already)
12. Any Physician Orders (most recent)
13. History or other applicable information (summarized reports are preferred)

G. Referral for Medication: Many persons served with severe and persistent mental illness (SPMI) will benefit from medication treatment and should be referred for medication evaluation, unless the person served is unwilling or the mental disorder is mild. The psychiatrist may request some brief clinical information to be used to

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prioritize appointments when a shortage of psychiatric resources develops. Assessment paperwork must be completed before the person served is seen. This will facilitate the psychiatric evaluation and eliminate duplication of clinical interview questions.

H. Release of Information: Any Authorizations to Release Information will need to follow HIPAA guidelines and would be consistent to the practices that the LCCMH medical department already follows. This would include communications with other non-LCCMH physicians, law enforcement, extended caregivers that are not the recognized parent to a minor child and/or the legal guardian, etc. For documents that are considered "third party" documents, a summary of relevant information from the referring staff will be helpful.

#### I. Medical Records

1. The Remote Site Provider (RSP) and LCCMH will maintain a FAX line for transmitting Protected Health Information for use in telepsychiatry that is in a secure, protected area.
2. All tele-medicine information transmitted during the visit must become part of the medical records of the person served.
3. The RSP and LCCMH's medical department are responsible for ensuring that all PHI is secured in a confidential area.

#### J. Telepsychiatry Responsibilities

##### **Psychiatrists:**

1. Review and confirm information on the Adult Personal Information Form #F93 or Child Personal Information Form #F94
2. Review assessment information and diagnosis
3. Complete psychiatric assessment and make note of all diagnostic changes in progress notes.
4. Advise person served of medication side effects and contraindications.
5. Consult with LCCMH medical department staff in order to provide continuity of care and professionalism.
6. Provide prescriptions for psychotropic medications as needed.

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7. Provide psychiatric services via teleconferencing modality.
8. Follow Medication Monitoring Plan per LCCMH's policies. Policies can be found on the agency website at:  
<http://www.lapeercmh.org/aboutus/policyandproceduremanual/>

**LCCMH Scheduling Support Staff:**

1. Organize charts of the person served, appointments, and evaluations.
2. Assist doctors with needs.
3. Fax and post records and organize all statistical data.
4. Facilitate all critical care issues with person served, doctors and remote site providers.

**LCCMH Medical Director:**

1. Assist with problem solving, person served care, agreement questions (i.e., contract terms), compliance issues and facilitation of ongoing service provision and new subscribers.
2. Supervise or facilitate all training, site visits and evaluation reviews.
3. Review all statistical data and share with LCCMH leadership team and medical department at medical meetings.

**Information Technology (IT) and Data Management Departments:**

1. Assist with all trouble shooting issues and technology problems.
2. Assist with installation of equipment and training of remote site staff on technology.
3. Ensure telepsychiatry equipment is properly functioning and is maintained according to manufacturer standards.

**DEFINITIONS:**

Electronic Health Record (EHR): A longitudinal electronic record of an individual's health information generated by one or more encounters in a care delivery setting which includes demographics, service plan, progress notes, medications, vital signs, past history, etc. The information is maintained in a form able to be processed by a computer that is stored

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and transmitted securely, and is accessible by multiple authorized users. The EHR has the ability to generate a complete record of a clinical encounter, as well as supporting other care-related activities directly or indirectly via interface – including evidence-based decision support, quality management, and outcomes reporting. Its primary purpose is the support of continuing, efficient and quality integrated health care, and it contains information that is retrospective, concurrent and prospective. An EHR replaces the paper medical record as the primary source of case record information (See Policy 07.002.05 Electronic Health Record OASIS)

Remote Site Provider (RSP): The physician hired or independently contracted by LCCMH, meeting the LCCMH Privileging and Credentialing Standards, who will see persons served via tele-conferencing, and will prescribe and manage the psychiatric care for those persons served.

Persons served: Those individuals receiving care at LCCMH that meet target population requirements identified and have agreed to be treated by a telepsychiatrist using tele-conferencing technology, which may include audio, video and photography.

**REFERENCES:**

- Adult Personal Information Form # F93
- Child Personal Information Form #F94
- LCCMH Electronic Health Records Policy 07.002.05
- LCCMH Form #344 Person Served Information and Consent form for Telepsychiatry
- LCCMH Emergency Coverage Policy 02.004.30

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