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Division of Quality Assurance

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To: Area Administrators/Assistant Area Administrators
Bureau Directors
County Departments of Community Programs Directors
County Departments of Developmental Disabilities Services Directors
County Departments of Human Services Directors
County Departments of Social Services Directors
County Mental Health and AODA Coordinators
Licensing Chiefs/Section Chiefs
Certified Mental Health and Substance Abuse Programs
State Counil on Alcohol and Other Drug Abuse
Wisconsin Council on Mental Health
Tribal Chairpersons/Human Services Facilitators
Interested Parties

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Division of Mental Health and Substance Abuse Services

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Division of Quality Assurance

Mental Health and Substance Abuse Telehealth - Criteria for Certification

Document Summary

The purpose of this memo is to provide background information and update the previous DDES Memo #2004-14, issued in September 2004 on the use of telehealth in certified mental health and substance abuse treatment programs/services. Significant technological advances have been made since the issuance of the 2004-14 memo and the application for telehealth certification. This memo will detail the minimum requirements for telehealth certification. These requirements will permit use of hardware and software that may be less costly and easier to use than permitted under the 2004-14 memo. The link to the application form for Mental Health and Substance Abuse Telehealth certification is provided. This application form outlines the specific requirements that certified mental health and substance abuse treatment programs must follow if they plan to use telehealth technology as a means of service provision with consumers including counseling, psychotherapy, medication management or related clinical consultation. Medicaid reimbursement for telehealth services, as well as for an originating site fee, is available if a certified mental health or substance abuse treatment program is also certified for providing treatment services via telehealth and is Medicaid enrolled.

What is Telehealth?

Telehealth is generally described as the use of telecommunication equipment to link health care providers and consumers in different locations.
This memo permits staff of a Wisconsin certified mental health or substance abuse treatment program, that also is certified for telehealth, to use telecommunication equipment for assessment and treatment purposes. Staff of a certified mental health or substance abuse treatment program that also is certified for telehealth may render services via telehealth, if appropriate and with the consent of the consumer.

Benefits of Telehealth

- Telehealth technology allows for the provision of quality behavioral health services, including interactive consultation between a consumer and a professional, assessments, pharmacological management, clinical counseling and consumer screening, with greater access and frequency, and without the additional cost of staff travel or unnecessary consumer transport. Some identified benefits include:
- Increased access to child/gero-psychiatrists, forensic and specialty staff;
- Reduced travel costs, staff time, and per diem costs for consultants;
- Increased elements of continuity of care and professional contact;
- Increased urban to rural areas skill pools through information transfer;
- Increased speed and accuracy of diagnosis and treatment; and,
- Increase access to select skills such as staff that are proficient in the use of sign language, diagnosis, treatment and consultation.

For example, a number of counties in rural Wisconsin have a difficult time recruiting psychiatrists, and when they do they often must pay the psychiatrist from the time they leave their home until they reach the county and begin to provide services. This means the county agency may use significant fiscal resources just for travel time without the psychiatrist even seeing a consumer.

Telehealth will allow the county to more easily attract a qualified psychiatrist and pay only for the time the person is actually seeing consumers. In addition, if the consumer is in need of hospitalization, the psychiatrist may be more available, through telehealth consultation, to the admitting hospital, as well as with the other treatment professionals, family members, natural supports, etc.

Telehealth will also enhance the ability of small or rural counties to access specialty services such as child and geriatric psychiatry. This technology should assist in better diagnostic services, correct medication determinations and more successful treatment planning for those individuals most in need.

Treatment Services Provided Through Telehealth

Telehealth services can be provided to consumers involved in certified mental health and/or substance abuse programs, such as outpatient services, crisis services, community support services, comprehensive community services, day treatment programs, inpatient, etc. All staff employed by these programs may provide services via telehealth, provided they have received the necessary training and meet program and telehealth certification standards. Specific staff providing the services should be outlined in the plan, as required in the certification process.

Currently telehealth services cannot be provided by narcotic treatment services certified under Chapter DHS 75.15 or mental health inpatient services certified under Chapter DHS 61.71 and Chapter DHS 61.79. Telehealth cannot be used in lieu of the face-to-face assessment for continuing use of the restraint/seclusion in the inpatient unit.

Use of Telehealth for Clinical Supervision and Clinical Collaboration

Telehealth equipment may be used for the purpose of clinical supervision and clinical collaboration, but it is important to note that all the requirements in this memo would still apply to the use of telehealth equipment for supervision and collaboration (e.g., transmission quality, ensuring that the transmitted information is not stored, etc.). In addition, certified programs are cautioned regarding the use of telehealth equipment for clinical supervision for substance abuse counselors as state regulations require at least one in-person meeting per month.

> **SPS 162.01 Required supervision. (1)** Clinical supervisors shall exercise supervisory responsibility over substance abuse counselors−in−training, substance abuse counselors, clinical substance abuse counselors, clinical supervisors−in−training and intermediate clinical supervisors in regard to all activities including, but not limited to, counselor development, counselor skill assessment and performance evaluation, staff management and administration, and professional responsibility. A clinical supervisor shall provide a minimum of:
>
> (a) Two hours of clinical supervision for every 40 hours of work performed by a substance abuse counselor−in−training.
> (b) Two hours of clinical supervision for every 40 hours of counseling provided by a substance abuse counselor.
> (c) One hour of clinical supervision for every 40 hours of counseling provided by a clinical substance abuse counselor.
> (d) One in person meeting each calendar month with a substance abuse counselor−in−training, substance abuse counselor or clinical substance abuse counselor. This meeting may fulfill a part of the requirements of pars. (a) to (c).

Funding for Telehealth – Medicaid Reimbursement

The Division of Health Care Access and Accountability will reimburse for Medicaid-covered services provided via telehealth in the same way it reimburses for face-to-face contacts between providers and consumers if the following requirements are met (see the Medicaid Handbook Update #2004-88 at https://www.forwardhealth.wi.gov/kw/pdf/2004-88.pdf, as well as other related updates):

- The agency is a certified program under one of the following program standards: Wis. Admin. Code DHS 34, 35, 36, 40, 61, 63, or 75 (except for the provision of opioid treatment under DHS 75.15). Persons providing mental health or substance abuse treatment services via telehealth must be a rostered staff member of one of these certified programs. Medicaid will not accept claims from individual professional staff.
- The certified program also is certified for telehealth by the Division of Quality Assurance.
- The treatment service is a covered service under one of the Medicaid mental health or substance abuse benefits.
- The treatment service is not group therapy.
- The provider indicates the "GT" modifier on the claim detail for the specific procedure code. The "GT" modifier definition is "Via interactive audio and video telecommunication systems."

- Providers must continue to follow all Medicaid coverage policies and all other requirements for each particular service.

It should be noted that 2013 Wisconsin Act 130, which became effective on February 8, 2014 made changes to Medicaid reimbursement for telehealth [only selected portions of the Act are shown below; emphasis added with underlined font]:

Wisconsin Statutes § 49.45 (29w) MENTAL HEALTH SERVICES.

(b) 1. In this paragraph:

a. "Mental health service" means a service that is covered under one of the Medical Assistance mental health or substance abuse benefits under s. 49.46 (2) of outpatient mental health, outpatient substance abuse, pharmacologic management, mental health day treatment, substance abuse day treatment, crisis intervention, service provided by a community support program or community based−psychosocial service program, community recovery services, psychotherapy and alcohol and other drug abuse services, child or adolescent day treatment services, or any other mental health or substance abuse benefit described in s. 49.46 (2).

b. "Telehealth" is a service provided from a remote location using a combination of interactive video, audio, and externally acquired images through a networking environment between an individual at an originating site and a provider at a remote location with the service being of sufficient audio and visual fidelity and clarity as to be functionally equivalent to face−to−face contact. "Telehealth" does not include telephone conversations or Internet−based communications between providers or between providers and individuals.

2. Mental health services provided through telehealth are reimbursable by the Medical Assistance program under this subchapter if the provider of the service through telehealth satisfies all of the following criteria:

a. The provider is a certified provider of mental health services under Medical Assistance in this state and is an agency that is certified by the department as an emergency mental health service program, a comprehensive community services program, a mental health day treatment services program for children, a program organized under s. 46.23, 51.42, or 51.437, an outpatient psychotherapy clinic, or a community support program or that is certified by the department to perform a community substance abuse prevention and treatment service, except for narcotic treatment service for opiate addiction.

The provider and the individual providing the service comply with all Medical Assistance coverage policies and standards established by the department, rules, and federal statutes and regulations for each particular mental health service provided. e.g., the provider is certified for telehealth by the department.

b. The individual who is providing the service is currently licensed, certified, or registered in his or her profession in this state and is in good standing with the applicable examining board in this state for that individual's profession.

c. The provider is located in the United States. The provider is not required to be located in this state.

Questions regarding Medicaid reimbursement should be directed to:

Peg Algar, Telehealth Policy Analyst
Division of Health Care Access and Accountability
1 W. Wilson Street, Room 350
Madison, WI 53703
608-266-6633
MargaretE.Algar@wisconsin.gov

OR

Dan Kiernan, MH/SA Policy Analyst
Division of Health Care Access and Accountability
1 W. Wilson Street, Room 350
Madison WI 53703
608-261-6762
Daniel.Kiernan@wisconsin.gov

OR

The applicable ForwardHealth Provider Relations Field Representative (see Find/Contact your Provider Relations Representative).

Insurance Reimbursement

There is not a statewide policy regarding insurance coverage of treatment services rendered via telehealth. Therefore, the certified program will need to check with individual policies/insurance companies to determine if treatment services via telehealth are covered.

Process for Telehealth Certification

Only certified mental health and/or substance abuse programs, or agencies planning to be certified as a mental health and/or substance abuse provider, may apply for telehealth certification. The first step in the process is for the agency to write a plan addressing each section in the attached template. Once the plan is completed, it should be sent to:

Behavioral Health Certification Section
Division of Quality Assurance
P.O. Box 2969
1 W. Wilson Street, Room 455

Provider's electing to utilize telehealth must demonstrate compliance with their approved plan to the Division of Quality Assurance surveyor(s) during a site review or other unannounced focus visits.

Requirements for Certification

There are several provisions in the attached template that are important for successful application of telehealth for mental health and/or substance abuse services. These include:

1. Programs shall meet the requirements for their applicable regulatory requirements under Wisconsin Administrative Code DHS 34, 35, 36, 40, 41, 61, 63, and 75, including requirements related to clinical supervision/collaboration requirements for program staff who provide treatment services via telehealth, background checks, maintenance of professional liability insurance, documentation into the consumer's record in a timely manner, etc.

2. Program staff may be located at a site other than the main office of certified program or a certified branch office; the program must identify the location(s) from which program staff may render telehealth services. However, consumers must receive the telehealth services at the main office of the certified program or a certified branch office. This policy does not support the provision of telehealth services to consumers who are in-home or in-community.

3. Programs shall meet the current minimum transmission standards established by the American Telemedicine Association (see http://www.americantelemed.org/resources/telemedicine-practice-guidelines/telemedicine-practice-guidelines) and the telehealth hardware/software vendor's requirements to ensure that the telehealth service is of high quality and as close to a face to face visit as possible. The current guidance from the American Telemedicine Association is:

   > Healthcare processes that provide one-way or two-way live video services through consumer devices that use internet-based video conferencing software programs should provide such services at a bandwidth of at least 384 Kbps in each of the downlink and uplink directions. Such services should provide a minimum of 640 x 480 resolution at 30 frames per second. In some circumstances, as determined by the health professional, lower or higher bandwidth and frame rate may be used. Depending on the service provided, higher bandwidth speeds may be needed, as determined by the health professional. Because different technologies provide different video quality results at the same bandwidth, each end point **shall** use bandwidth sufficient to achieve at least the minimum quality shown above during normal operation. The videoconference software should be able to adapt to changing bandwidth environments without losing the connection. Organizations **shall** have appropriate redundant systems in place that ensure availability of the data transmission infrastructure for critical connectivity.

4. All program staff using telehealth for service provision shall receive orientation and ongoing training on the use of the telehealth equipment, the clinical application of telehealth, safety and security during telehealth visits, privacy and confidentiality, back-up procedures if there is equipment failure, and consumer preparation for telehealth.

5. Consumers shall be informed about the provision of services provided through telehealth, the history of telehealth, success rate of telehealth services, how telehealth sessions are conducted, and the extent to which the program is able to provide treatment services face-to-face versus via telehealth. The information shall be provided in language that can be easily understood by the patient. This is particularly important when discussing technical issues, such as encryption or the potential for technical failure.

6. The agency shall have an ongoing method for obtaining consumer satisfaction on telehealth visits and evaluating the results of this survey process for quality assurance purposes.

7. Consumers shall be given the choice of having a face to face visit with a professional or seeing this person via telehealth, to the extent feasible.

8. Program staff providing telehealth services shall ensure that workspaces are secure, private, reasonably soundproof, and have a lockable door to prevent unexpected entry. Efforts shall be made to ensure privacy so provider discussion cannot be overheard by others outside of the room where the service is provided. If other people are in either the patient or the professional's room, both the program staff and

the consumer shall be made aware of the other person and agree to their presence.

9. Program staff shall verify for the consumer the identity of the staff member who is providing the treatment services via telehealth and verify for the staff member providing the treatment services the consumer's identity.

10. The certified program shall develop and implement a policy/procedure to address steps to be taken in the event of a technology breakdown, causing a disruption of the session. If the technical issue cannot be resolved, the program staff may elect to complete the session via a voice-based telecommunication system on a one-time basis.

11. Telehealth equipment vendors of hardware and/or software shall:

    a. Ensure that the upload from one computer to the vendor's server and the download from the vendor's server to another computer is secure. This assurance is provided by utilizing at least 128 bit encryption software. While it may seem that 256 bit encryption software is stronger/better, the higher level of encryption may slow the transmission of data resulting in poor audio/visual quality (periodic delays due to the buffering of data).
    b. Attest that no information from a transmission of a telehealth services is stored on the vendor's servers.
    c. Sign a HIPAA Business Associate Agreement with the certified program if information is transmitted via the vendor's servers. A model HIPAA Business Associate policy and models of a HIPAA Business Associate Agreement are available free-of-charge from the HIPAA Collaborative of Wisconsin (COW) website at http://hipaacow.org/resources/hipaa-cow-documents/ or more specifically, Business Associate Policy.

    Note: To the best of the department's knowledge, there are only two vendors that meet the above technical requirements at this time: 1) PolyCom equipment used for each party participating in a transmission; and 2) Computers with webcams and microphones using Microsoft Lync. If a certified program is able to provide documentation from a vendor other than PolyCom or Microsoft Lync that indicates the above technical requirements are met, then the program's application will be considered.

Central Office Contact

Department of Health Services
Division of Quality Assurance
1 W. Wilson Street, Room 455
Madison, WI 53707-7850
(608) 261-0656

Bureau of Prevention, Treatment and Recovery
Division of Mental Health and Substance Abuse Services
1 W. Wilson Street, Room 851
Madison, WI 53707
(608) 266-7072

Attachment:
F62589 (fillable Word document) (January, 2007)

Memo Website

DLTC / DMHSAS Memo Series web page
The Division information and numbered memos are distributed electronically via a Listserv. The Listserv is free, but does require an active e-mail address. The memos are posted in PDF format.

DLTC and DMHSAS Memo Series E-mail Subscription Services web page
Subscribing to the DLTC and DMHSAS Memo Series Listserv can be done from this page. You will receive a notice each time a new memo is released, which will include a link to the online version of the memo.

Other Resources

- Model Policy for the Appropriate Use Of Telemedicine Technologies In The Practice Of Medicine: Report of the State Medical Boards' Appropriate Regulation of Telemedicine (SMART) Workgroup – April 2014 (http://www.fsmb.org/Media/Default/PDF/FSMB/Advocacy/FSMB_Telemedicine_Policy.pdf)

- The American Telemedicine Association is the leading international resource and advocate promoting the use of advanced remote medical technologies. ATA and its diverse membership, works to fully integrate telemedicine into transformed healthcare systems to improve quality, equity and affordability of healthcare throughout the world.

  Established in 1993 as a non-profit organization and headquartered in Washington, DC, membership in the Association is open to individuals, healthcare institutions, companies and other organizations with an interest in promoting the deployment of telemedicine throughout the world. ATA is governed by a Board of Directors, which is elected by the association's membership.

  Telemedicine Practice Guidelines (http://www.americantelemed.org/resources/telemedicine-practice-guidelines/telemedicine-practice-guidelines). This website has many documents that may be downloaded free-of-charge that would be useful, such as "Practice Guidelines for Videoconferencing-Based Telemental Health," which was published in October 2009; "Practice Guidelines for Video-Based Online Mental Health Services," which was published in May 2013; and "A Lexicon Assessment and Outcome Measurements for Telemental Health," which was published in November 2013.

  - White Paper – Telemedicine Risk Management : A Practical Guide for Understanding and Mitigating Patient Safety Risk and Malpractice Exposure (http://www.teamhealth.com/~/media/Files/Helpful%20Tools/White%20Paper%20Telemedicine.ashx)