

Tele-Mental Health Services FAQ

The Q&A below is meant to assist programs and professionals in developing tele-mental health services. Sponsoring organizations have the responsibility of deciding if and how they implement these services.

How do I get started?

- [Telehealth for Mental Health Professionals: 2-Day Distance Therapy Training](#)
PESI is offering this course for free! Code at checkout is TELEFREE. It's over a \$400 value.
- [CAHC Telehealth Website](#)
A comprehensive set of resources to guide the development of telehealth services.

Do I need a separate client consent?

- The client must have a signed parent or minor consent for mental health services to be provided. If you have already obtained consent that doesn't include a statement regarding what services may be provided via technology, best practice is to obtain an additional signature from the parent or client (if minor consented visit) acknowledging their agreement to tele-mental health services. If a signature can't be obtained, verbal agreement should be documented.
- Tele-mental health consent should include:
 - Parent (if applicable) and client assent to using technology to facilitate the visit
 - Acknowledgment that there is an adult caregiver that will be available in the home for safety purposes during each visit.
 - Acknowledgment that technology can't be used for recent suicidal or homicidal thoughts and if those occur an adult caregiver will need to be informed.
 - Acknowledgment that it is the responsibility of the client to have access to a device and internet to facilitate the visit.
 - Acknowledgment that the technology may fail or there may be an interruption during the visit and that the visit may need to continue by phone only or rescheduled.
 - Acknowledgment that there is a private place in their home to have visits.

What about security and HIPAA?

- Sufficient privacy and security measures must be in place and documented to ensure confidentiality and integrity of client identifiable information.
- US Department of Health and Human Services – Notification of Enforcement Discretion for Telehealth Remote Communications during the COVID19 Nationwide Public Health Emergency <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>
- A secured, audio and visual platform must be used to facilitate the visit. **Exception to this during the COVID-19 emergency: phone (telephonic) without audio may be used during the emergency and for up to 30 days after discontinuation of the emergency, or the 1st of the following month. **[MSA-20-12 COVID19 Response: Relaxing Face to Face Requirement](#)

How do I prepare my clients?

- Instruct them to
 - Find a private place in your home, preferably a room with a door that you can lock
 - Use headphones/earbuds during the visit
 - Sit up in a chair or at a desk, not in bed or lying down
 - Check to be sure their device (computer, tablet, phone) is working properly
- Provide information on how to join the visit (e.g. sending link via email)
- Provide information on your location (e.g. *“I’m in a room with the door locked, using headphones/earbuds so that no one else can see or hear our visit. It is completely private between you and me”*).
- Let clients know that the visit will not be recorded.

How do I prepare myself?

- Ensure sessions take place in a private location
 - Use a room with a door, preferable a home office. Never see a client from your bedroom.
- Consider a noise reduction/white noise machine to position outside the door.
- Pay attention to what can be seen by the camera
 - Ensure a neutral background appears behind you on camera.
 - To create this space, consider using an adjustable screen or a divider behind your chair.
- Remove distractions from room

- Turn off television, mute phones, move children and pets to a different part of the house
- Use headphones with a microphone
 - This allows clear audio, as well as protecting the privacy of clients
- Dress appropriately for session
 - Business casual attire to maintain professionalism.
- Ensure you have a phone number for the in home adult caregiver in case of emergency.
- Review agency client emergency protocol. A protocol must be in place to ensure the safety of the client according to the services being provided.
- For more suggestions visit: [20 Tips for Smooth Online Therapy](#)

How do I bill for services provided via telehealth?

- The originating site (where the client is located) and the distant site (where the licensed professional is located) may be any site considered appropriate by the professional, including the home, so long as the privacy of the client and security of the information shared during the visit are maintained.
- Standard billing codes apply to tele-mental health visits. Additionally, tele-mental health services must be reported with Place of Service 02-Telehealth and the GT modifier. [See Telemedicine Services Database](#) within MSA 20-13 bulletin for codes, modifiers, descriptions and fees.
- If “home” is the originating site, tele-mental health services are not eligible to bill the additional facility fee (Q3014).
- References: Michigan Medicaid Policy Bulletins
 - [MSA 20-09 General Telemedicine Policy Changes](#)
 - [MSA 20-13 COVID-19 Response: Telemedicine Policy Expansion](#)

What policies do I need?

- A client emergency protocol must be in place prior to providing tele-mental health visits. This protocol helps to ensure the safety of the client, according to the services being provided. The policy should include obtaining a phone number for the in home adult caregiver in case of emergency.
- There may be additional policies required by your sponsoring agency. Check with your administrator to better understand your agency telehealth policies.