Community Mental Health Association of Michigan

Michigan's emerging Medicaid telemedicine policies: CMHA recommendations

December 2020

Recognizing that the Medical Services Administration of the Michigan Department of Health and Human Services is in the process of revising and expanding the state's Medicaid telemedicine policies, the Community Mental Health Association of Michigan (CMHA) makes the following recommendations. These recommendations reflect the views of a broad cross section of CMHA members and stakeholders.

1. Michigan's Medicaid program should permanently retain, after the Corona virus pandemic abates, all of the behavioral telemedicine services, supports, and their encounter codes that were covered during the pandemic. The improved access to healthcare that was allowed by the use of telemedicine modalities, during the pandemic, should be retained as a permanent part of this state's efforts to ensure access to healthcare for Michigan's Medicaid beneficiaries.
2. Audio-only telemedicine, for all of the behavioral health Medicaid codes, should be permanently retained, after the Corona virus pandemic abates. Access to behavioral telehealth services, via low cost audio-only telephone connections, has proven to be a key component to the healthcare service delivery system for many of Michigan's Medicaid beneficiaries. Access to telemedicine services, via audio-only telephone connections is key given the lack of broadband access in many parts of Michigan, especially rural and frontier counties, and the barrier that the high cost of data plans pose for Medicaid beneficiaries in accessing video-based telemedicine. Recognizing that most phone services, landline or cell, are not encrypted making them noncompliant with HIPAA confidentiality requirements, Medicaid beneficiaries who wish to receive behavioral telehealth services via audio-only telephone connections, rather than lose access to behavioral health services or take on the burden of excessive travel to receive in-persons services, could be offered the option of waiving those HIPAA confidentiality protections, and only those protections, that could be weakened by the provision of telehealth services through audio-only telephone connections.
3. The Medicaid reimbursement rates for behavioral telemedicine services should reflect the reasonable costs of providing those services and not be impacted solely on the basis of the virtual modality through which they are provided.
4. Michigan's Medicaid telemedicine policy should underscore that behavioral telemedicine approaches, as with any other clinical approach, is but a set of tools in the clinical tool box of the Medicaid provider. The same criteria around efficacy, appropriateness, person-centeredness, efficiency, and risk that are applied to all healthcare interventions must be applied, by Medicaid providers, to the use of telemedicine approaches. The decision to use telemedicine approaches is a clinical judgement question made in consultation with the client/patient and their family, when appropriate, and provider based upon what is best for the person served and their service and support needs.
5. Within the set of approved telemedicine services/codes (once the post-pandemic set of services are defined), the use of behavioral telemedicine should not be required nor prohibited based on cost considerations. As noted above, the clinical utility of a service provided via telemedicine and the client's/patient's (and their family's, where appropriate) desires should drive the decision as to when to use telemedicine approaches.

6. Michigan's Medicaid telemedicine policy should explicitly recognize the use of behavioral telemedicine to protect, by allowing them to be served in their own homes, Medicaid beneficiaries who are at risk of severe health consequences as a result of contracting a contagious illness. This protection, as with all risk-reduction approaches must be integrated with a person- and family-centered approach to healthcare that recognizes the right to have voice and choice regarding how and where services are provided. The right of the person served to make decisions relative to the risks of care (including whether that care is provided via in-person or telemedicine approaches) when fully informed of the potential risk to their health, should be ensured. The exceptions to this freedom of choice are very limited and include risks to the health of the family members or household members of the persons served, or the provider.
7. Michigan's Medicaid telemedicine policy should clearly outline when asynchronous (recordings, text, e-mail) behavioral telemedicine approaches can and cannot be used. These approaches hold promise, increase access to care, and empower self-sufficiency, but must be applied in ways that do not violate the privacy nor confidentiality of the persons served or others living with the persons served.