To: Laura Kilfoyle, Reference and Benefits Section, Medicaid Policy Division

From: Robert Sheehan, CEO Community Mental Health Association of Michigan and the Behavioral Telehealth Resource Center Advisory Group

Re: Open Comment Period Medicaid Proposed Policy 2223-Telemedicine

The Community Mental Health Association of Michigan and the Behavioral Telehealth Advisory Group would like to provide comments and context for Michigan Medicaid Proposed Policy 2223-Telemedicine.

Section I. General Telemedicine Policy Updates does a thorough job of defining telemedicine, specifically noting that services delivered by telemedicine must be effectual services, improved and appropriate access, appropriate beneficiary choice and utilization, value considerations and ensure privacy and security measures. The CMHA Behavioral Telehealth Resource Center strongly agrees with these guiding principles and the determination of appropriateness documentation. However, telemedicine is a type of service delivery and has shown great usefulness and appropriate service delivery during the pandemic. Providers need a full toolbox to best serve beneficiaries, provide care and meet the client where they are.

Section II. Determination of Appropriateness/Documentation has a detailed description of telemedicine clinical benefit to the beneficiary. The examples of clinical benefits in conjunction with meeting beneficiary goals assure telemedicine as an appropriate service delivery option. While in-person is always the preferred service delivery option, telemedicine can provide services for those that would not be able to access in-person care. If telemedicine is determined appropriate and in the best interests/preferences of the beneficiary, there may be circumstances where telemedicine is not used to complement in-person services, but to provide a majority of the behavioral health service delivery. The **CMHA Behavioral Telehealth Resource Center opposes the requirement for "reasonably frequent and periodic in-person evaluations** of the beneficiary by the provider to personally reassess and update the beneficiary's medical treatment/history, effectiveness of treatment modalities, and current medical/behavioral condition and/or treatment plan."

The ability to begin service delivery through telemedicine when appropriate and beneficial should be a beneficiary's right, and they should have the ability to access services. Limiting choices for health care service delivery will cause a health disparity in Michigan's vulnerable populations.

Proposed Medicaid Policy #2223-Telemedicine will no longer reimburse for services provided through audio-only delivery, except for codes 99441-99443 and 98966-98968, which are patient/guardian-initiated telephone assessment and management services.

The CMHA Behavioral Telehealth Resource Center believes the removal of audio-only service delivery option, basically removing a tool from the provider's toolbox, creates a health disparity, leading to reduced health outcomes for affected clients.

CMHA's Behavioral Telehealth Resource Center asserts that Michigan Medicaid policy change to no longer reimburse services provided through audio-only will cause a lapse or inability to deliver services in situations such as:

- **Geographic regions** where broadband/connectivity issues limit client access.
- **Client technology capacity** to easily access audio & visual connection and/or navigate software.
- **Client preference** and/or comfort level with audio only services based on diagnosis and/or communication style.

Additionally, the Community Mental Health **Association advocates that Behavioral Health Services should not mirror Physical Health Services**. Our members have provided examples and details where audio-only service delivery is necessary for behavioral health services and have shown the usage to be appropriate and meaningful. Audio-only is not the preferred service delivery, it is not the majority of telemedicine services provided, but currently it is an option that can be utilized when in-person services or audio-visual telemedicine services are not available, not safe, or not beneficial for the client.

CMHA Member Examples

The following summarizes specific examples submitted by CMHA organizations demonstrating audio-only service delivery is needed or the only available option.

- In geographic areas with no internet or unreliable internet service, there are usually no bus lines, transportation services and limited access to vehicles. Audio-only option allows access for individuals to stay connected to case managers and reduce missed appointments when they are unable to access services in-person.
- Specifically noted, Northern Michigan has areas with no internet or unreliable internet service.
- Limited resources and use of government phone with no data plan
- Elderly clients face barriers with Zoom, Teams and other online technology platforms when using telemedicine because in-person services are not appropriate or preferred.
- Assisted Outpatient Treatment Program (AOT) more likely to participate in audio-only (vs. audio-visual) physician-initiated evaluation/assessment.
- Client preference and comfort level with audio-only service delivery. We've received this request from clients with anxiety disorders and strong aversion to appointment with video.
- Audio only preference to be vulnerable and share traumatic or triggering events in a safe place without having a clinician on video while discussing raw and deep issues.
- Privacy – audio only allows for more privacy than audio-visual telemedicine appointments.

- Survivors of intimate partner/domestic violence need an audio-only option. Many survivors do not carry a smartphone to limit tracking. Audio-only allows individuals who otherwise would not be able to obtain services because it would have been unsafe, the ability to receive services at work, school, or while partner is at work.
- Audio-only service delivery reduces barriers due to childcare, access to a video device and time to maneuver the setup of video appointments.
- Individuals with certain disabilities: Examples include:
    - Hearing impairment. Client with recent cochlear implant surgery requested audio-only appointments. Also, for use with TTD services, audio-only is the preferred service delivery method.
    - Legally blind clients use audio-only when community visits have not been possible.
- Audio only provides parity to access services for clients who have barriers to receiving quality care.
- Audio-only accounts for 2% of our organization's total services. However, without the audio only service delivery option, these clients would not have received service. That is 320 Michiganders that would not be able to have received a behavioral health service.

Supporting Legislation & Publications

Post PHE - Medicare patients can receive telehealth services, including audio-only services, for mental/behavioral health care in their homes in any part of the country
**Defines interactive to include audio only*

Guidance on How the HIPAA Rules Permit Covered Health Care Providers and Health Plans to Use Remote Communication Technologies for Audio-Only Telehealth

CMHA Behavioral Health Consumer Telehealth Survey Report

Disability and telehealth since the COVID-19 pandemic: Barriers, opportunities, and policy implications
**Notes benefits and use of audio-only for people with disabilities and improving access to care*

Impact of COVID-19 Telehealth Policy Changes on Buprenorphine Treatment of Opioid Use Disorder, published in The American Journal of Psychiatry.

Institute for Healthcare Policy and Innovation at University of Michigan article summary
**Study uses VA data to show that both audio and audio-visual virtual care kept VA patients from dropping out of medication-based treatment for OUD.*