



Policy Title:	Telepsychiatry
Policy #:	03-001-0105
Effective Date:	06/5/2025
Approved by:	Telly Delor, Chief Operating Officer
Functional Area:	Medical Services
Responsible Leader:	Dr. Brandon Moore, Medical Director
Policy Owner:	Megan DeStefanis, Nursing Supervisor
Applies to:	Directly Operated Programs, Specialized Residential Providers, SCCCMH Staff

Purpose: To guide staff in selecting individuals for telepsychiatry services and maintaining privacy.

I. Policy Statement

It is the policy of St. Clair County Community Mental Health (SCCCMH) to provide timely and appropriate *telepsychiatry* services in accordance with the current policies of applicable funding sources.

II. Standards

- A.** Practitioners must meet the provider qualifications for the covered service provided via telepsychiatry. The practitioner must be licensed, registered, or otherwise authorized to engage in their health profession in Michigan (the state where the patient is located), enrolled in Michigan Medicaid, and have current privileges to provide services with SCCCMH.
- B.** Practitioners providing telepsychiatry services through SCCCMH must have a contract with or be authorized by SCCCMH.
- C.** SCCCMH and practitioners must ensure the privacy of the individual served and the security of any information shared via telepsychiatry.
- D.** The technology used must meet the needs for audio and visual compliance in accordance with current regulations and industry standards. Telecommunication systems using store and forward technology, including asynchronous transmission of medical data, are not approved. All technology used must be HIPAA-compliant.

- E. The room and set up shall provide maximum privacy and information security.
- F. Standard rules and regulations for keeping medical records, release of medical information and confidentiality, including HIPAA, are applicable to telepsychiatry.
- G. The Treatment Team, in conjunction with the individual receiving services and the caseholder, will determine if telepsychiatry is appropriate.
- H. Populations that may be appropriate for telepsychiatry include, but are not limited to, individuals with mild-to-moderate psychiatric conditions, those with limited access to in-person care due to geographical, physical, or logistical barriers, and individuals who demonstrate the ability to actively engage in virtual consultations.
- I. Form [#0134 Informed Consent to Participate in Behavioral Health Telepsychiatry Services](#) shall be obtained prior to the initial appointment. The individual has the right to withdraw the consent at any time and request that appointments be made face-to-face.
- J. Eligibility to receive (billable) telepsychiatry is to be verified through Primary Insurance carrier prior to service provision. Verification shall be completed by a SCCCMH Finance Staff/designee.

III. Procedures, Definitions, and Other Resources

A. Procedures

Actions

Action Number	Responsible Stakeholder	Details
1.0	IT Department	<ol style="list-style-type: none"> 1. Ensure secure, HIPAA-compliant equipment is set up and operational for telepsychiatry sessions. 2. Ensure IT staff are available for troubleshooting telepsychiatry equipment or connections when needed.
2.0	Medical Director/Primary Caseholder	<ol style="list-style-type: none"> 3. Identifies an individual who may be appropriate for telepsychiatry services (may be at the request of the individual served). 4. Review form #0134 Informed Consent to Participate in Behavioral Health Telepsychiatry Services with the individual and obtains their signature/consent. 5. Notify schedulers of the need to schedule the appointment for the individual.
3.0	Scheduler	<ol style="list-style-type: none"> 6. Schedule an appointment with the individual at a mutually convenient date and time.
4.0	Telepsychiatry Facilitator	<ol style="list-style-type: none"> 7. Ensure that the tele psychiatrist has the required information, answer questions from both the individual served and the tele psychiatrist and assist with follow up

Action Number	Responsible Stakeholder	Details
		and is available during the appointment if assistance is needed.
5.0	Prescriber	<ol style="list-style-type: none"> 8. Conduct telepsychiatry session with individual as they would if they were in person, including documentation, ordering of labs, e-scribing, etc. 9. Consult as needed with other professionals on the treatment team. 10. Consult as needed with Medical Director.

B. Related Policies

N/A

C. Definitions

1. *Telepsychiatry*: The use of a real time interactive audio and video communication between a psychiatrist, nurse practitioner, or physician assistant and a person receiving services in order to provide psychiatric care when participants are in different geographical locations.

D. Forms

[#0134 Informed Consent to Participate in Behavioral Health Telepsychiatry Services](#)

E. Other Resources (i.e., training, secondary contact information, exhibits, etc.)

N/A

F. References

1. Medicaid Provider Manual

IV. History

- Initial Approval Date: 03/2019
- Last Revision Date: BY:
- Last Reviewed Date: 04/2025 BY: Megan DeStefanis
- Non-Substantive Revisions:
- Key Words: telepsychiatry, telepsych, tele, telemedicine