

Miami-Dade County Office of Management and Budget – Grants Coordination  
Ryan White Program

Policy Area: Service Delivery	Subject: Telehealth
Title of Policy: Provision of Telemedicine, Tele-Mental Health, Tele-Medical Case Management and Tele-Substance Abuse Outpatient Care as forms of Telehealth	Number: SD-T-2
Effective Date: 3/1/2020	Page Number: 1 of 11
Approved Date: 7/13/2020 Revision Date:	Approved by: Daniel T. Wall, Assistant Director

**Purpose:**

To provide guidelines that promote effective use of Telehealth as it pertains to provider-patient (client) relationship, evaluation and treatment, client consent, and privacy in efforts to maintain or improve client health outcomes towards viral suppression. This document details guidelines for the provision of Telemedicine, Tele-Mental Health, Tele-Medical Case Management services and Tele-Substance Abuse Outpatient Care (hereinafter referred to collectively as “Telehealth” services unless specifically stated otherwise in this document) in the Miami-Dade County Ryan White Part A/Minority AIDS Initiative (MAI) Program. Telehealth services in Miami-Dade County’s Ryan White Part A/MAI may be provided at any time to facilitate access to care; including, but not limited to, during normal operations.

The provision of Telehealth services in these circumstances is designed to address the medical, mental health, medical case management and outpatient substance abuse treatment needs of established Ryan White Program clients when a face-to-face encounter with their medical, mental health, medical case management or substance abuse treatment provider is not available, safe, convenient or appropriate. For example, during the COVID-19 “safer at home” order from the Mayor of Miami-Dade County, Telehealth services would be an ideal mechanism when a client cannot come into the clinic or office because they are in isolation, self-quarantine, practicing social (physical) distancing, or do not feel comfortable (safe) leaving their home.

Telemedicine specifically is the practice of healthcare delivery (e.g., assessment, diagnosis, consultation, treatment, transfer of related data, monitoring of client’s care, and education) using interactive audio, video, or data communications. Telemedicine that uses interactive audio, video, or data communication involving real time is “synchronous”; and in near real time is “asynchronous.”

***Subrecipients using Telehealth must have internal policies and procedures related client consents, service delivery methods and procedures, client confidentiality and Health Portability and Accountability Act requirements, at a minimum.***

At a minimum, subrecipients of local Ryan White Part A/MAI Program-funded Outpatient/Ambulatory Health Services, Medical Case Management, Mental Health Services and Substance Abuse Outpatient Care **MUST** develop and implement Telehealth services as described herein, and as appropriate to their Part A/MAI funding, to provide continuity of services during various emergencies. Such emergencies include: a public health emergency (e.g., pandemic), an official state of emergency, a “safer at home” order by the County Mayor, a natural disaster, or other County-approved circumstance that affects normal “in-office” service delivery between a medical, mental health, medical case management or substance abuse treatment provider and a program-eligible patient (client).

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Ryan White Program

Policy Area: Service Delivery	Subject: Telehealth
Title of Policy: Provision of Telemedicine, Tele-Mental Health, Tele-Medical Case Management and Tele-Substance Abuse Outpatient Care as forms of Telehealth	Number: SD-T-2
Effective Date: 3/1/2020	Page Number: 2 of 11
Approved Date: 7/13/2020 Revision Date:	Approved by: Daniel T. Wall, Assistant Director

**Procedures:**

***Types of allowable Telehealth services:***

- **Medical Case Management**
  - For ongoing care to ensure HIV Treatment Adherence, develop and update care plans, and facilitate referrals to services that address identified client needs
  - Including, but not limited to, Peer Education and Support Network services for Treatment Adherence support
  - See local Ryan White Program Service Delivery Guidelines for detailed staff qualifications
  
- **Mental Health Services**
  - For assessment, diagnosis, consultation, treatment of a mental health disorder or condition
  - Ongoing treatment requires a documented mental health disorder or condition
  - Providers of this service must possess a Doctorate degree (PhD, EdD, PsyD, etc.; Level I) or a Master's degree (MSW, etc.; Level II); both levels must be licensed in the State of Florida as LCSW, etc. – see local Ryan White Program Service Delivery Guidelines for detailed staff qualifications
  
- **Outpatient/Ambulatory Health Services**
  - For clinical assessment, diagnosis, consultation, treatment, transfer of related data, monitoring of client's care, and education diagnostics
    - Covers all services listed on the most current Miami-Dade County Ryan White Program's Allowable Medical Conditions List
  - Includes psychiatry services
  - Providers of this service must be licensed in the State of Florida

Miami-Dade County Office of Management and Budget – Grants Coordination  
Ryan White Program

Policy Area: Service Delivery	Subject: Telehealth
Title of Policy: Provision of Telemedicine, Tele-Mental Health, Tele-Medical Case Management and Tele-Substance Abuse Outpatient Care as forms of Telehealth	Number: SD-T-2
Effective Date: 3/1/2020	Page Number: 3 of 11
Approved Date: 7/13/2020 Revision Date:	Approved by: Daniel T. Wall, Assistant Director

**Procedures: (continued)**

***Types of allowable Telehealth services: (continued)***

- **Substance Abuse Outpatient Care**
  - For assessment, diagnosis, consultation, treatment of substance abuse disorder
  - Level I providers of this service must meet the educational qualifications as detailed in the most current, local Ryan White Program Service Delivery Guidelines (i.e., PhD or Master’s degree, and licensed as Certified Addiction Counselor, Licensed Clinical Psychologist, LCSW, LMHC or LMFT. Level II providers must be appropriate trained and supervised counselors (who may possess a Bachelor’s degree or have related experience, and may not be licensed).
  
- **NOTES:**
  - Where appropriate, “allowable services” noted above that are provided via Telehealth may require eventual “in office” care once the organization resumes full operations.
  - The current Service Definitions and Allowable Medical Conditions can be found here: [www.miamidade.gov/grants/ryan-white-program](http://www.miamidade.gov/grants/ryan-white-program); scroll down to the Service Delivery Guidelines box and select the appropriate section.

***Location and Provider of the service:***

- Visit may be conducted by telephone or video call following Office of Civil Rights guidance on acceptable formats (see HIPAA section below):
  - From the clinic by a medical, mental health or medical case management provider (in cases where a client calls in), or
  - From the medical, mental health or medical case management provider’s home or other secure, remote location (in cases where the office passes along the information to the provider and the provider initiates the contact).

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Ryan White Program

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Title of Policy: Provision of Telemedicine, Tele-Mental Health, Tele-Medical Case Management and Tele-Substance Abuse Outpatient Care as forms of Telehealth	Number: SD-T-2
Effective Date: 3/1/2020	Page Number: 4 of 11
Approved Date: 7/13/2020 Revision Date:	Approved by: Daniel T. Wall, Assistant Director

***Client Eligibility Limitations:***

- The client must be eligible to receive local Ryan White Program services (i.e., must be HIV+, reside in Miami-Dade County, and have gross household income less than 400% of the Federal Poverty Level).
- The local Ryan White Part A Program must always be the payer of last resort.
  - If the client has private insurance, Medicare or Medicaid Managed Medical Assistance, Long-Term Care, or other Medicaid-supported medical coverage with access to Telehealth services, the Part A Program cannot be billed for these services.

***Documentation:***

- The client’s medical, mental health or social service record must clearly indicate the:
  - Date of service (must be within the authorized period);
  - Circumstance that makes Telehealth allowable (e.g., COVID-19 “safer at home” precautions);
  - Service(s) provided (e.g., pain assessment, review of treatment plan, treatment adherence, etc.) during the encounter/call/visit; and
  - Appropriate billing code(s) used; see below under “Reimbursement.”
  - Client’s written consent for Telehealth.

***Reimbursement:***

The billing codes noted in this section for reimbursement of Telehealth services are effective retroactive to March 1, 2020. Agencies that previously billed for a Telehealth service using a different code [or without the Place of Service – 02 (telehealth) for Outpatient/Ambulatory Health Services] will not be required to resubmit with the new codes identified in this section. The Telehealth codes in this section will be available in the Provide® Enterprise Miami data system by July 20, 2020; and must be the only Telehealth codes used for the Miami-Dade County Ryan White Part A/MAI Program thereafter.

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Ryan White Program

Policy Area: Service Delivery	Subject: Telehealth
Title of Policy: Provision of Telemedicine, Tele-Mental Health, Tele-Medical Case Management and Tele-Substance Abuse Outpatient Care as forms of Telehealth	Number: SD-T-2
Effective Date: 3/1/2020	Page Number: 5 of 11
Approved Date: 7/13/2020 Revision Date:	Approved by: Daniel T. Wall, Assistant Director

**Reimbursement: (continued)**

Subrecipient organizations that are currently funded to provide local Ryan White Part A/MAI Medical Case Management, Mental Health Services, Substance Abuse Outpatient Care and Outpatient/Ambulatory Health Services can be reimbursed for Telehealth services as follows, only if the Part A Program is the payer of last resort and the clients are otherwise eligible for Part A/MAI services:

- **Medical Case Management**

New Code	Description	Flat rate Reimbursement
THM	Tele-Medical Case Management provided by Medical Case Manager, Medical Case Management Supervisor or Eligibility Specialist (with degree)	\$1.15 per minute
THP	Tele-Medical Case Management provided by a Peer, Medical Case Management Assistant or Eligibility Specialist (with no degree)	\$0.65 per minute

- **Mental Health Services**

New Code	Description	Flat rate Reimbursement
THMHT1	Tele-Mental Health provided by a Level I provider (individual client only)	\$32.50 per 30-minute session
THMHT2	Tele-Mental Health provided by a Level II provider (individual client only)	\$32.50 per 30-minute session

- **Substance Abuse Outpatient Care**

New Code	Description	Flat rate Reimbursement
THSAC1	Tele-Substance Abuse Outpatient Care provided by a Level I provider (individual client only)	\$30.00 per 30-minute session
THSAC2	Tele-Substance Abuse Outpatient Care provided by a Level II provider (individual client only)	\$27.00 per 30-minute session

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Ryan White Program

Policy Area: Service Delivery	Subject: Telehealth
Title of Policy: Provision of Telemedicine, Tele-Mental Health, Tele-Medical Case Management and Tele-Substance Abuse Outpatient Care as forms of Telehealth	Number: SD-T-2
Effective Date: 3/1/2020	Page Number: 6 of 11
Approved Date: 7/13/2020 Revision Date:	Approved by: Daniel T. Wall, Assistant Director

- **Outpatient/Ambulatory Health Services**

When Telehealth is used for Telemedicine only, the codes and services in the tables in this subsection directly below are billable under the local Ryan White Part A/MAI Program. Along with the billing code, the **Place of Service (POS) code 02** must be used, as noted at the beginning of this section. These codes will be reimbursed at the full amount of the local Part A/MAI Reimbursement rate (i.e., Medicare rate times the local multiplier) or the flat fee reimbursement (with no multiplier) including Psychiatry services. If labs or diagnostics are ordered, those would be entered as regular codes with no Telehealth codes. CPT codes 99205 and 99215 remain disallowed for the local Ryan White Part A/MAI Program.

The following codes will be paid using the existing Medicare Physician Fee Schedule payment structure for Miami-Dade County's Ryan White Part A and MAI Program, including the locally-defined 2.5 multiplier when using the **POS – 02** code:

Code	Short Description
90785	Psytx complex interactive
90791	Psych diagnostic evaluation
90792	Psych diag eval w/med srvc
90832	Psytx pt&/family 30 minutes
90833	Psytx pt&/fam w/ E/M 30 min
90834	Psytx pt&/family 45 minutes
90836	Psytx pt&/fam w/ E/M 45 min
90837	Psytx pt&/family 60 minutes
90838	Psytx pt&/fam w/ E/M 60 min
90847	Family psytx w/patient
99201	Office/outpatient visit new
99202	Office/outpatient visit new
99203	Office/outpatient visit new
99204	Office/outpatient visit new
99211	Office/outpatient visit est
99212	Office/outpatient visit est
99213	Office/outpatient visit est
99214	Office/outpatient visit est
99354	Prolonged service office (1 hour beyond usual service)
99355	Prolonged service office (each 30 minutes after 99354)

Miami-Dade County Office of Management and Budget – Grants Coordination  
Ryan White Program

Policy Area: Service Delivery	Subject: Telehealth
Title of Policy: Provision of Telemedicine, Tele-Mental Health, Tele-Medical Case Management and Tele-Substance Abuse Outpatient Care as forms of Telehealth	Number: SD-T-2
Effective Date: 3/1/2020	Page Number: 7 of 11
Approved Date: 7/13/2020 Revision Date:	Approved by: Daniel T. Wall, Assistant Director

- **Outpatient/Ambulatory Health Services (continued)**

Any authorized medical practitioner or facility, where applicable, who uses the codes in the following table will be paid as indicated in the Supplemental Reimbursement Rate column; and the POS – 02 must be used for the following codes as noted above:

Code	Short Descriptor	Supplemental Reimbursement Rate <i>(flat fee – no multiplier)</i>
98966*	Telehealth/Telephone eval independent of E/M (non-face-to-face <b>Non-Physician</b> telephone service); 5-10 min.	\$18.00
98967*	Telehealth/Telephone eval independent of E/M (non-face-to-face <b>Non-Physician</b> telephone service); 11-20 min.	\$35.00
98968*	Telehealth/Telephone eval independent of E/M (non-face-to-face <b>Non-Physician</b> telephone service); 21-30 min.	\$50.00
99244*	Office or Other Outpatient Consultation Services, new or est, 60 minutes	\$185.00
99441*	Telehealth/Telephone eval independent of E/M (non-face-to-face <b>Physician</b> telephone service); 5-10 min.	\$55.00
99442*	Telehealth/Telephone eval independent of E/M (non-face-to-face <b>Physician</b> telephone service); 11-20 min.	\$90.00
99443*	Telehealth/Telephone eval independent of E/M (non-face-to-face <b>Physician</b> telephone service); 21-30 min.	\$130.00

\* Codes to be added to local Ryan White Program billable services. Codes 99441, 99442, and 99443 are usually used for communications between client and medical provider through an online patient portal.

Miami-Dade County Office of Management and Budget – Grants Coordination  
Ryan White Program

Policy Area: Service Delivery	Subject: Telehealth
Title of Policy: Provision of Telemedicine, Tele-Mental Health, Tele-Medical Case Management and Tele-Substance Abuse Outpatient Care as forms of Telehealth	Number: SD-T-2
Effective Date: 3/1/2020	Page Number: 8 of 11
Approved Date: 7/13/2020 Revision Date:	Approved by: Daniel T. Wall, Assistant Director

***Client Informed Consent to Benefits and Risks of Telehealth:***

- Telehealth under this policy and procedures document refers to providing medical care, psychiatry, mental health, and medical case management services remotely using telecommunications technologies, such as video conferencing or telephone. One of the benefits of Telehealth is that the client and service provider can engage in services without being in the same physical location. This can be helpful in ensuring continuity of care if the client and the service provider are unable to continue to meet in person. It is also more convenient and takes less time. Telehealth, however, requires technical competence on both the client and service provider’s parts to be beneficial.

Although there are benefits of Telehealth, there are some differences between in-person care and Telehealth, as well as some risks. For example:

- Risks to confidentiality: With Telehealth sessions that take place outside of the medical, mental health or medical case management provider’s private office, there is potential for other people to overhear sessions if both parties are not in a private place during the session. The medical, mental health and medical case management provider must take reasonable steps to ensure the client’s privacy. It is important for both parties to make sure they find a private place for the Telehealth session where they will not be interrupted. Also, it is important for both parties to protect the privacy of the session on their computers, cell phones or other devices. Both parties should participate in a Telehealth session only while in a room or area where other people are not present and cannot overhear the conversation.
- Issues related to technology: There are many ways that technology issues might impact Telehealth. For example, technology may stop working during a session, other people might be able to get access to the private conversation, or stored data could be accessed by unauthorized people or companies.
- The provider requesting the Telehealth services at the originating site must advise the client about the proposed use of Telehealth, any potential risks, consequences, and benefits and obtain the client’s or the client’s legal representative’s consent.



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Ryan White Program

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Effective Date: 3/1/2020	Page Number: 9 of 11
Approved Date: 7/13/2020 Revision Date:	Approved by: Daniel T. Wall, Assistant Director

***Client Informed Consent to Benefits and Risks of Telehealth: (continued)***

- The client must sign a written statement, prior to the delivery of Telehealth services, indicating that he/she/they understand(s) the information provided and that this information has been discussed with him/her/them by the provider of the service and/or his/her/their designee. An emailed acknowledgement from the client would suffice if no other means to obtain a written statement are available.
- The client has the right to withhold/withdraw consent for Telehealth at any time, without affecting his/her/their right to present/future care/treatment or the loss/withdrawal of any program benefits to which he/she/they or his/her/their legal representative would otherwise be entitled.
- Dissemination of any client identifiable images or information from Telehealth interactions with other entities will not occur without the client's consent.

***Client Confidentiality:***

- The client must always be:
  - Asked if they are in a place where they can speak freely about their case (i.e., medical, mental health, case management, social services concerns),
  - Informed that this is a Telehealth "visit",
  - Informed of the limitations of an audio/video call,
  - Informed that data charges may apply from their cellular or internet service provider; and
  - Asked to give consent to receive the service. Written consent from the client is needed for all Telehealth services. A copy of a related email, text, or other form/image from the client would suffice as documentation of the client's explicit consent for Telehealth services. This documentation of client consent for Telehealth should be uploaded in the client's profile in the Provide® Enterprise Miami data system.
- The service provider must always provide the service from a secure/private location within the clinic, their home or other remote location where the confidentiality of the client's identity and medical, mental health, social service, or case management history can be protected from disclosure.

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Ryan White Program

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Title of Policy: Provision of Telemedicine, Tele-Mental Health, Tele-Medical Case Management and Tele-Substance Abuse Outpatient Care as forms of Telehealth	Number: SD-T-2
Effective Date: 3/1/2020	Page Number: 10 of 11
Approved Date: 7/13/2020 Revision Date:	Approved by: Daniel T. Wall, Assistant Director

***Health Insurance Portability and Accountability Act (HIPAA)***

- The Office of Civil Rights (OCR) in the U.S. Department of Health and Human Services (HHS) may partially relax the Health Insurance Portability and Accountability Act (HIPAA) regulations during a public health emergency (such as the COVID-19 pandemic):
- For example, in FY 2020 due to the COVID-19 pandemic, HHS allowed for relaxed certain regulations as indicated in the following: <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>
- The OCR indicates that “covered health care providers may use popular applications that allow for video chats, including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, Zoom, or Skype, to provide telehealth without risk that OCR might seek to impose a penalty for noncompliance with the HIPAA Rules related to the good faith provision of telehealth during the COVID-19 nationwide public health emergency. Providers are encouraged to notify patients that these third-party applications potentially introduce privacy risks, and providers should enable all available encryption and privacy modes when using such applications.”
  - The OCR also indicates that, “Facebook Live, Twitch, TikTok, and similar video communication applications are public facing, and should not be used in the provision of telehealth by covered health care providers.”

***Additional Resources:***

- **Department of Health and Human Services (DHHS) and Health Resources and Services Administration (HRSA)**
  - HRSA Telehealth Resources – For Patients (Clients) and Providers (Subrecipients): <https://telehealth.hhs.gov/>
  - DHHS Office of the Assistant Secretary for Planning and Evaluation: Virtual Case Management Considerations and Resources for Human Services Programs (4/1/2020) <https://aspe.hhs.gov/pdf-report/virtual-case-management> (includes a list of various Telehealth resources: Online Telehealth Resource Compendiums, Telemedicine Guidelines and Practices, Case Management by Telephone, and Web-Based Approaches From Human Services)

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Ryan White Program

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Title of Policy: Provision of Telemedicine, Tele-Mental Health, Tele-Medical Case Management and Tele-Substance Abuse Outpatient Care as forms of Telehealth	Number: SD-T-2
Effective Date: 3/1/2020	Page Number: 11 of 11
Approved Date: 7/13/2020 Revision Date:	Approved by: Daniel T. Wall, Assistant Director
<p><b><i>Additional Resources: (continued)</i></b></p> <ul style="list-style-type: none"> <li>• <b>MEDICARE</b> <ul style="list-style-type: none"> <li>➤ Medicare Telehealth Services (Fact Sheet, March 2020): <a href="https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TelehealthSrvcsfctsht.pdf">https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TelehealthSrvcsfctsht.pdf</a></li> <li>➤ Article regarding Medicare temporarily expanding telehealth services for Medicare beneficiaries to reduce the impact of the pandemic. Indicates doctors can use their personal phones for telehealth. <a href="https://www.modernhealthcare.com/medicare/cms-expands-medicare-telehealth-services-fight-covid-19?utm_source=modern-healthcare-covid-19-coverage&amp;utm_medium=email&amp;utm_campaign=20200317&amp;utm_content=article2-headline">https://www.modernhealthcare.com/medicare/cms-expands-medicare-telehealth-services-fight-covid-19?utm_source=modern-healthcare-covid-19-coverage&amp;utm_medium=email&amp;utm_campaign=20200317&amp;utm_content=article2-headline</a></li> <li>➤ Medicare Telemedicine Health Care Provider Fact Sheet (March 17, 2020) – <a href="https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet">https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet</a></li> </ul> </li> </ul>	