



**Office of  
Mental Health**

## **Telepsychiatry Guidance for Local Providers**

### **Introduction**

The use of telepsychiatry provides increased access to mental health services and enhances services to adults, children and families. The NYS Office of Mental Health (OMH) has added a new Part 596 to Title 14 NYCRR to expand the use of telepsychiatry beyond the clinic setting to now include all OMH licensed programs, except ACT and PROS. Only the originating/spoke site will need to be licensed by OMH under the new regulations. The distant/hub site must simply be enrolled as a NYS Medicaid site. An OMH licensed program may function as a distant/hub site for another non-OMH program. In such instances, the OMH licensed program must notify their local OMH field office of their intent to function as a distant/hub site.

"Telepsychiatry," for the purpose of these regulations, is defined as the use of two-way real time-interactive audio and video equipment to provide and support clinical psychiatric care at a distance. Such services do not include a telephone conversation, electronic mail message or facsimile transmission between a program and a recipient, or a consultation between two professional or clinical staff. The regulations prescribe that, when authorized by OMH, telepsychiatry services can be utilized for assessment and treatment services provided by physicians or psychiatric nurse practitioners (NPP) from a site distant from the location of a recipient, where the recipient is physically located at a program site licensed by the Office.

The purpose of this document is to provide implementation guidance to New York State licensed providers licensed to perform treatment services under 14 NYCRR Part 551, and approved to utilize telepsychiatry via Part 596.

### **Implications for the OMH Operating Certificate**

#### ***Adding an optional/additional service to the operating certificate***

"Telepsychiatry" is now a practice available to OMH licensed providers under the NYS Mental Hygiene Law (MHL). Providers requesting to utilize this practice may simply submit an "Administrative Action" via the Mental Health Provider Data Exchange (MHPD). Outpatient clinics should choose a "change in optional services offered" and all other program types should choose a "change in additional services offered". Providers unfamiliar with the MHPD should consult with their local [NYSOMH Field Office](#) Licensing unit for assistance.

#### ***Attestation***



A program applying to utilize telepsychiatry must complete a "Telepsychiatry Standards Compliance Attestation" form (Appendix 1) and attach it to the Administrative Action request for approval by OMH. The attestation assures OMH that the provider's plan for the use of telepsychiatry conforms to the technological and clinical standards prescribed by 14 NYCRR Part 596 and has been developed by the guidelines set forth in this document. In addition providers must also complete the "Technical Guidelines Checklist for Local Providers" (Appendix 2) and attach it to the Administrative Action request. Refer to Appendix 3 to determine eligibility to utilize telepsychiatry.

### **Inspection**

As the final step in the Administrative Action approval process, though not required, OMH Field Office licensing staff may visit the OMH licensed program to review the use of telepsychiatry services as part of the routine certification process. This “pre-opening” may be achieved by having the Field Office licensing staff log on to the hub and/or spoke site’s telecommunication system to ascertain the quality of the transmission.

### **Clinical Guidance**

While telepsychiatry creates opportunities for increased access to psychiatrists and psychiatric nurse practitioners, legitimate concerns exist about privacy, security, patient safety, and interoperability. To address potential obstacles and to improve the quality of care, national organizations have developed practice guidelines and practice parameters. Programs seeking approval to utilize telepsychiatry services should review these guidelines and incorporate relevant provisions in their plans, consistent with their target population. These guidelines are identified in the table below:

<b>Organization</b>	<b>Title</b>	<b>Date</b>
American Telemedicine Association	<a href="#">Practice Guidelines for Video-Based Online Mental Health Services</a> 	May 2013
American Academy of Child and Adolescent Psychiatry	<a href="#">AACAP Practice Parameter for Telepsychiatry With Children and Adolescents</a> 	December 2008

Prior to initiating telepsychiatry services, policies and procedures at both the originating/spoke site and the distant/hub site should be in place that address the topics listed below. Further explanation and details of any of these topics can be found in the above referenced guidelines and parameters.

#### **General Program Procedures**

- Scheduling (patient, telepsychiatrist, and room)
- Documentation and record keeping
- Role of support staff (making video connection, responding to emergency, etc.)
- Communication interruptions and contingency plans (see Technology and Telecommunications)

#### **Physical Environment**

- Location (privacy, proximity for escort or emergency situation)
- Room Setting
- Lighting/Backdrop

#### **Site and Check-in Procedures – Outpatient Services**

- Identifying, checking patient in, escorting, setting up equipment and completing the video connection for each scheduled outpatient service
- Ensuring that staff may be contacted at any point during the service
- Addressing technical concerns that may arise

### ***Emergency Procedures***

- Process to engage with on-site staff should there be clinical or safety concerns
- Designation of an emergency contact at the originating/spoke site
- Procedures in the event that emergency hospitalization becomes necessary (applies to outpatient programs only)
- Education and training related to emergency procedures and how to measure readiness/competency

### ***Patient Enrollment for Telepsychiatry***

- Clinician at the spoke site should assess the patient's appropriateness for telepsychiatry services; it is only necessary that a negative finding or inappropriateness be documented
- Process for assessment of appropriateness should include the following considerations:
  - Appropriateness based on clinical situation
  - Patient's awareness, familiarization with the process
  - Concerns regarding instability, suicidal ideation, violence, etc.
  - Symptoms that could worsen with telepsychiatry (psychosis with ideas of reference, paranoid/delusions related to technology, etc.)
  - Medical issues
  - Cognitive/sensory concerns
  - Cultural
  - Whether or not a patient should be accompanied by a staff member during telepsychiatry sessions
  - Services provided to patients under age 18 (refer to the AACAP Practice Parameter)
- Steps to ensure that patients have at least one in-person evaluation session prior to enrollment

### ***Informed Consent***

- Obtaining and documenting informed consent to utilize telepsychiatry to deliver services
- Providing patients with sufficient information and education about telepsychiatry to assist them in making an informed choice
- The patient must be aware of the potential risks and consequences as well as the likely benefits of telepsychiatry, and must be given the option of not participating
- Patients should be informed that care will not be withheld if the telepsychiatric encounter were refused, although such care could depend on the availability of alternative resources
- Programs may develop a separate consent form for telepsychiatry or they may imbed the consent within their general consent form

### ***Documentation***

- The following may be considered for inclusion within the progress notes:
  - Location of the psychiatrist/psychiatric nurse practitioner
  - Location of the patient
  - Whether or not a patient is accompanied by a staff member during the telepsychiatry session
  - If the session was disrupted due to equipment failure, and the plan for follow up
- The GT modifier identifies the session was performed via telepsychiatry

### ***Collaborating with patient's interdisciplinary treatment team***

- Identification of originating/spoke site clinician (if patient not already in care)
- Ensuring that contact information for the patient's primary clinical staff at the originating/spoke site is provided to both the patient and distant/hub site clinical staff to

- facilitate effective coordination of care
- Specifications regarding how collaboration will occur

### ***Care between telepsychiatry sessions***

- A process description of how coordination of care will occur between sessions

### ***Prescriptions, labs and orders***

- Procedures detailing how the following will occur: prescriptions, renewals, prior authorizations, labs (ordering and obtaining results) as well as executing any telepsychiatrist orders

### ***Confidentiality and privacy of health information***

- Confidentiality procedures should confirm and identify how relevant privacy and security regulations and policies will be followed (e.g., New York State Mental Hygiene Law Section 33.13, and HIPAA Privacy and Security regulations at 45 C.F.R. Parts 160 and 164, including HITECH breach notification procedures)
- All care provided by distant/hub site providers must conform to originating/ spoke site policies and procedures related to the provision of care, including (but not limited to) documentation of initial evaluation, diagnoses, treatment planning, ongoing documentation of sessions, discharge summaries, etc.
- All care provided using telepsychiatry must have a process for timely, onsite documentation of care
- Distant/hub site provider access to patient records (electronic and paper) should be specified
- Site appropriate for privacy

### ***Quality Review***


- Quality review should be conducted on a periodic basis to identify specific risks and quality failures. It is recommended that assessments should include:
  - Equipment and connectivity failures;
  - Number of attempted and completed visits/sessions;
  - Patient and provider satisfaction of the virtual visit/session;
  - Inpatient or provider complaints related to the virtual visit/session (i.e., surveys); and
  - Measures of clinical quality such as whether the visit/session was appropriate for a virtual visit/session

## Training Resources

In addition to the American Telemedicine Association (ATA) resources outlined in the table above, other helpful publications include:

[Core Operational Guidelines for Telehealth Services Involving Provider-Patient Interactions, May 2014](#) 

[A Lexicon of Assessment and Outcome Measures for Telemental Health, Nov 2013](#) 

There is also an online training course developed by the ATA: [Delivering Online Video Based Mental Health Services](#) 

## Billing Guidelines

14 NYCRR Part 596 removes the need for licensed mental health programs to seek regulatory waivers to utilize telepsychiatry. Once the program has requested (through MHPD) and received approval from OMH to utilize telepsychiatry, claims may be submitted for Medicaid fee-for-service and Medicaid managed care reimbursement as long as the program meets the requirements outlined below.

Note: Medicaid Managed Care plans are currently required to reimburse programs at the fee-for-service rates for services provided. This requirement will continue through the first two years of implementation of Health and Recovery Plans (HARPs) and the “carve-in” of all behavioral health services into mainstream Medicaid Managed Care plans. Programs will be required to submit the managed care claims using the same codes and modifiers required by fee-for-service Medicaid, as outlined herein.

### ***Rules for Medicaid and Medicaid managed care reimbursement:***

- Federal terms relevant for purposes of telepsychiatry reimbursement are “spoke” and “hub.” The term “spoke” refers to the physical location of the patient during a telepsychiatric service. The term “hub” means the physical location of the practitioner during a telepsychiatry service. To constitute a reimbursable service, the patient must be physically present at the OMH-licensed program in which he/she is already enrolled or is presenting for assessment, (i.e., the “spoke”). The practitioner delivering the service remotely (i.e., the “hub”) must be physically present at a NYS Medicaid enrolled site.
- The services eligible for Medicaid and Medicaid managed care reimbursement when provided using telepsychiatry are: Initial Assessment, Psychiatric Assessment, Psychiatric Consultation, Crisis Intervention, Psychotropic Medication Treatment, Psychotherapy (Individual, Family, Group, and Family Group), Developmental Testing, Psychological Testing and Complex Care Management.
- Only physicians, psychiatrists and psychiatric nurse practitioners may deliver Medicaid fee-for-service and Medicaid managed care reimbursable telepsychiatric services. Practitioners participating in telepsychiatric services delivered to patients at OMH licensed sites must be Medicaid and Medicare enrolled. Also, physicians, psychiatrists and psychiatric nurse practitioners intending to participate in planned telepsychiatric treatment sessions are subject to the same background checks as on-site treating physicians prior to the provision of service.

- The practitioner at the distant/hub site must be licensed in New York State and practicing within his/her scope of specialty practice.
- All clinicians delivering telepsychiatric services must be “affiliated” (the Medicaid term for “credentialed”) with the program submitting the claim for the telepsychiatric service BEFORE the claim is submitted for payment. The process for affiliation is no different than currently required for staff delivering on-site services. If the originating/spoke site is a hospital, they must be credentialed and privileged at the originating/spoke site facility.
- Patients receiving services via telepsychiatry may be accompanied by a staff member during the session or may be alone. If an assessment has not yet been done on the patient or if the assessment or treatment plan recommends that the patient be accompanied during telepsychiatric sessions, the patient must be accompanied for the session to be reimbursed by Medicaid or Medicaid managed care.
- All regulatory requirements applicable to clinic services (e.g., development and periodic review of treatment plans, entry of progress notes, etc.), apply to telepsychiatry sessions to the same extent as they apply to typical “face-to-face” sessions. It is the obligation of the distant clinician and the spoke site to make sure that the necessary documents are received in a timely manner (including fax dates and times, e-mails accompanying PDFs, etc.) and entered into the patient’s clinical record. Absent or untimely documents will be subject to audit and financial recoupment, as applicable.
- Licensed programs utilizing telepsychiatry MUST use the claim modifier “GT” to identify use of telepsychiatry services. This modifier must be on each claim line that represents a service via telepsychiatric. This modifier may not be used until the program has an approved Administrative Action reflecting acknowledgement that the program attests to understanding the clinical, technical and financial guidelines for telepsychiatry. Additionally, any Evaluation and Management (E&M) codes used must include the HE modifier to identify Mental Health.
- Telepsychiatry services that are NOT identified on Medicaid FFS claims or Medicaid Managed Care “paid encounter” claims with the telepsychiatry GT modifier will be considered non-compliant on audit.
- Under the Medicaid program, telepsychiatry services are covered when medically necessary and under the following circumstances:
  - The request for telepsychiatry services and the rationale for the request are documented in the individual's clinical record;
  - The clinical record includes documentation that the telepsychiatry encounter or consultation occurred and that the results and findings were communicated to the requesting provider of services;
  - If the person receiving services is not present during the provision of the telepsychiatry service, the service is not eligible for Medicaid reimbursement and remains the responsibility of the originating/spoke facility.
- The following interactions do not constitute reimbursable telepsychiatry services;
  - telephone conversations;

- video cell phone interactions;
- e-mail messages.
- The originating/spoke site may bill for administrative expenses only when a telepsychiatric connection is being provided and a physician or nurse practitioner is not present at the originating/spoke site with the patient at the time of the encounter.
- Reimbursement for services provided via telepsychiatry must be in accordance with the rates and fees established by the Office and approved by the Director of the Budget.
- If a telepsychiatry service is undeliverable due to a failure of transmission or other technical difficulty, reimbursement shall not be provided.

### Technology and Telecommunications

OMH has collaborated with the NYS Information Technology Services (ITS) to develop videoconferencing technology criteria. In order for telepsychiatry claims to be reimbursed, videoconferencing equipment must be employed allowing quality synchronous video and voice exchange between provider and patient.

For informational purposes, below are the three configuration standards approved by NYS for telepsychiatry services provided by OMH State Operations.

<b>Configuration:</b>	<b>Dedicated Videoconferencing</b>	<b>PC-Based Solution</b>	<b>Mobile</b>
<b>Examples:</b>	Telepresence Systems with remote control of pan, tilt, zoom by the hub of the spoke camera	PC or Laptop & Webcam with speakers, microphone, and remote control of pan, tilt, zoom by the hub of the spoke camera	Tablets with remote control of pan, tilt, zoom by the hub of the spoke camera

**NOTE:** OMH is aware there may be some circumstances in which situational and/or environmental obstacles prevent the use of remote control of pan, tilt, zoom by the hub of the spoke camera. In these instances the program must establish that the equipment that will be used is as effective as pan, tilt, zoom to meet the requirement of services being rendered using an interactive telecommunication system.

## ***APPENDIX 1***



**Attestation of Compliance  
For  
OMH Approval to Offer Telepsychiatry Services  
14 NYCRR Section 596**

Part 596 of Title 14 NYCRR permits the provision of telepsychiatry services by OMH programs licensed pursuant to Article 31 of the NYS Mental Hygiene Law, if approved to do so by the Office of Mental Health (OMH). Approval shall be based upon acceptance of a written plan that addresses a series of standards and procedures. The following Attestation of Compliance must be completed and submitted with the written plan to verify compliance with such required standards and procedures.

***Instructions for Applicant:***

For each required standard or procedure, place your initials to verify compliance and include the page or section number(s) of the plan that addresses same. ***( This Attestation consists of 3 pages )***

1. The plan identifies the transmission linkages on which telepsychiatry services will be performed, which are dedicated, secure, meet minimum federal and New York State requirements (e.g., HIPAA Security Rules) and are consistent with guidelines issued by the Office of Mental Health (<http://www.omh.ny.gov/omhweb/guidance/>).

Initials: \_\_\_\_\_ Page/Section Number(s): \_\_\_\_\_

2. The plan identifies acceptable authentication and identification procedures which will be employed by both the sender and the receiver.

Initials: \_\_\_\_\_ Page/Section Number(s): \_\_\_\_\_

3. The plan includes procedures and protocols designed to ensure that confidentiality is maintained as required by NYS Mental Hygiene Law Section 33.13 and 45 CFR Parts 160 and 164 (HIPAA Privacy Rules).

Initials: \_\_\_\_\_ Page/Section Number(s): \_\_\_\_\_

4. The plan confirms that the spaces occupied by the recipient and the distant physician or nurse practitioner meet the minimum standards for privacy expected for recipient-clinician interaction.

Initials: \_\_\_\_\_ Page/Section Number(s): \_\_\_\_\_

5. The plan confirms that culturally competent interpreter services will be provided when the recipient and provider do not speak the same language, and identifies methods by which this will be fulfilled.

Initials: \_\_\_\_\_ Page/Section Number(s): \_\_\_\_\_

6. The plan contemplates the provision of telepsychiatry services to recipients under age 18, and describes how clinically-based decisions will be made with respect to whether to include clinical staff in the room with the recipient consistent with OMH clinical guidelines (<http://www.omh.ny.gov/omhweb/guidancel>).

Initials: \_\_\_\_\_ Page/Section Number(s): \_\_\_\_\_

7. There is a written procedure at each telepsychiatry site which describes the availability of face-to-face assessments by a physician or nurse practitioner in an emergency situation.

Initials: \_\_\_\_\_ Page/Section Number(s): \_\_\_\_\_

8. The plan includes procedures for prescribing medications.

Initials: \_\_\_\_\_ Page/Section Number(s): \_\_\_\_\_

9. The plan confirms that recipients will only be enrolled at one of the two sites, and describes how progress notes and treatment plans will be developed and maintained.

Initials: \_\_\_\_\_ Page/Section Number(s): \_\_\_\_\_

10. The plan describes how recipients will be informed about telepsychiatry and how consent to participate will be obtained.

Initials: \_\_\_\_\_ Page/Section Number(s): \_\_\_\_\_

11. The plan includes a procedure describing the contingency plan when there is a failure of transmission or other technical difficulties that render the service undeliverable.

Initials: \_\_\_\_\_ Page/Section Number(s): \_\_\_\_\_

12. The plan confirms that a review of telepsychiatry is incorporated within the provider's quality management process.

Initials: \_\_\_\_\_ Page/Section Number(s): \_\_\_\_\_

**Statement of Compliance and Signature:**

I, [Print full name and title of the applicant] \_\_\_\_\_ hereby attest that the representations made on this attestation form are true, accurate and complete to the best of my knowledge. I understand that any falsification, omission, or concealment of material fact may result in revocation of approval to provide telepsychiatry services at the above-referenced location(s) and/or may subject me to administrative, civil, or criminal liability."

Program Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notary Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**For OMH Field Office:**

*This Attestation of Compliance has been reviewed for completeness. The Field Office is accepting the written plan of this Applicant based upon the representations made in this Attestation.*

Field Office Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ***APPENDIX 2***

# Telepsychiatry Services

## Technical Guidelines Checklist for Local Providers

14 NYCRR Section 596 provides that OMH approval of telepsychiatry services in OMH licensed programs will be based upon approval of a written plan that meets a variety of standards. Included in these standards is the following: “(i) All telepsychiatry services must be performed on dedicated service transmission linkages that meet minimum Federal and State requirements, including but not limited to 45 CFR Parts 160 and 164 (HIPAA Security Rules) and which are consistent with guidelines of the Office.”

The following checklist is designed to ensure plans developed by Local Providers are consistent with OMH Technical Specifications guidelines with respect to videoconferencing. Videoconferencing can be characterized by key features: the videoconferencing application, device characteristics, including their mobility, network or connectivity features, and how privacy and security are maintained. A check mark indicates the plan contains provisions that conform to the standard.

### **Videoconferencing Applications:**

- Applications include appropriate verification, confidentiality, and security parameters necessary to ensure its utilization for this purpose
- Video Software platforms are not in use when they include social media functions or allow others to enter sessions at will

### **Security and Protection of Data Transmission and Information:**

- Steps taken to ensure security measures are in place to protect data and information related to clients/patients from unintended access or disclosure
- Protected Health Information (PHI) and other confidential data is backed up to or stored on secure data storage locations. Cloud services unable to achieve compliance will not be used for PHI or confidential information
- Professionals and patients discuss any intention to record services and how this information is to be stored and how privacy will be protected
- Unauthorized users are not allowed to access sensitive information stored on the device or use the device to access sensitive applications or network resources
- Session logs that are stored by 3rd party location are secure and granted only to authorized personnel
- Videoconferencing software does not allow multiple concurrent sessions to be opened by a single user. If this occurs first session will be logged off or second session blocked
- HIPAA and state privacy requirements will be followed at all times to protect the patient's privacy
- Confidential client/patient data will be encrypted for storage or transmission, and other secure methods shall be utilized, such as safe hardware and software and robust passwords to protect electronically stored or transmitted data
- Network and software security protocols to protect privacy and confidentiality are provided, as well as appropriate user accessibility and authentication protocols
- Measures to safeguard data against intentional and unintentional corruption are in place during storage and transmission
- Security measures are in place to protect and maintain the confidentiality of the data and information relating to clients/patients

- Videoconferencing software capable of blocking provider's caller ID at the request of the provider is utilized

**Transmission Speed and Bandwidth:**

- Transmission speed is the minimum necessary to allow adequate communications necessary for clinical encounters – (Most protocols use systems that transmit data at a minimum of 384 Kbps)
- Services provide a minimum of 640X360 resolution at 30 frames per second
- Each end point uses bandwidth sufficient to achieve at least the minimum quality shown above during normal operation
- Videoconferencing software should be able to adapt to changes in bandwidth environments without losing connection
- When possible, each party should use the most reliable connection to access the Internet and use wired connections if available

**Encryption:**

- Encryption (128 bit) of electronic PHI is addressed and video sessions secured consistent with HIPAA and good practices
- Audio and video transmission is secured by using point to point encryption that meets recognized standards (Federal Information processing Standard 140-2 is the US Government security standard used to accredit encryption standards of software and list encryption such as AES as providing acceptable levels of security)
- If data is stored on the hard drive, whole disk encryption to the FIPS standard is used to ensure security and privacy. Re-boot authentication shall also be used
- Recording of services is discussed with patient and encrypted for maximum security. Access is available to authorized personnel only and stored in a secure location

**Equipment:**

- Equipment used is based on Telecommunication Standard (International Telecommunications Union) which allow for successful conferencing regardless of platform or manufacturer
- Videoconferencing with Personal Computers utilized for VTC complies with all facility state and federal regulations
- Personal Computers have up to date antivirus software and a personal firewall installed. Ensure Personal Computers have the latest security patches and updates applied to operating system and third party applications that may be utilized for this purpose
- When feasible, Personal Computers use professional grade or high quality cameras and audio equipment
- In the event of disruption, there is an appropriate backup plan in place
- Processes are in place to ensure physical security of equipment and electronic security of data
- The hub site has remote control of the spoke site camera to ensure the ability to pan, tilt, and zoom (PTZ) as needed

**Additional Comments:**

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**Do you certify:**

1. that your organization has read, understands, and will follow Telepsychiatry equipment best practices as outlined by the American Telemedicine Association;
2. that the information submitted on this form is complete and accurate;
3. that you have the equipment installed and operable on site and that testing has been conducted and successful; and
4. that you understand that failure to follow these practices could result in removal of approval of your organization to offer telepsychiatry services?

Yes       No

Program Name: \_\_\_\_\_

Signature and Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Reference Material:** [The American Telemedicine Association](#)

## ***APPENDIX 3***



## **Eligibility for Submitting a Request to Conduct Telepsychiatry Services**

- Distant/hub site practitioner has a valid NYS license to practice in NYS
- Provider of service has not been terminated, suspended or barred from the Medicaid or Medicare program
- If the originating/spoke site is a hospital, the practitioner at the distant/hub site must be credentialed and privileged at the originating/spoke site hospital
- Services will be delivered from a NYS Medicaid enrolled site
- Originating/spoke site initiates the request
- Patient receiving services is located at the originating/spoke site and the practitioner is located at the distant/hub site
- The practitioner at the distant/hub site is a Psychiatrist or Psychiatric Nurse Practitioner and is practicing within his/her scope of specialty services
- List of eligible programs does not include ACT and PROS

## Revision History

Version	Updated By	Change Description	Date
8	A. Smith	Include language specific to pan, tilt, zoom within technology and telecommunications section and technical guidelines checklist	1/25/17
7	A. Smith	Formatting and editing based on feedback from Telepsychiatry Executive Workgroup	10/24/16
6	A. Smith S. Kuriger L. Roberts	Updated/revised all sections to align with new Part 596 regulations	9/19/16
5	A. Smith S. Kuriger	Final revisions related to new Part 596; added program name to appendix 1 & 2	8/18/16
4	A. Smith S. Kuriger	Updated to reflect changes in regulations from 599.17 to 596; added Appendix 2	5/2/16
3	L. Roberts	Replaced CISCO with Telepresence systems, added EX90, and added Certification Process Workflow	7/22/15
2	N. Brier T. Shudt	Finance Reimbursement Changes applied ITS Technology and Telecommunications Revisions	7/14/15