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Definitions

Federal Medicaid and CHIP Managed Care Final Rule (Final Rule) – On April 25, 2016, the Centers for Medicare & Medicaid Services (CMS) issued the Medicaid and CHIP Managed Care Final Rule. This issuance was the first significant overhaul of the federal Medicaid managed care regulations since 2002. Some of the key areas it addresses include beneficiary rights and protections, quality, program integrity, care coordination, and network adequacy for all Medicaid managed care beneficiaries.

Mental Health Plan (MHP) Agreement – Agreement between the State of California Department of Health Care Services and Shasta County to provide specialty mental health services to Medi-Cal beneficiaries.

Telehealth – The mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient’s health care. Telehealth facilitates patient self-management and caregiver support for patients and includes synchronous interactions and asynchronous store and forward transfers.

Audio-Only Synchronous Interaction – A real-time interaction between a patient and health care provider that is conducted solely via audio (e.g., telephone, internet call without video).


Synchronous Interaction – A real-time interaction between a patient and a health care provider located at a distant site. (Business and Professions Code section 2290.5(a)(5)). A synchronous interaction can be either an audio-only synchronous interaction or a video synchronous interaction.

Video Synchronous Interaction – A real-time interaction between a patient and health care provider that is conducted via an interactive technology platform that includes both audio and visual capabilities.

Policy

The Shasta County Health and Human Services Agency (HHS) through its MHP will ensure that the requirements established by the California Department of Healthcare Services (DHCS) for the provision of psychiatric services through telehealth are achieved and maintained in compliance with the DHCS Medi-Cal Provider Manual telehealth policy, Final Rule, and the active MHP Agreement at the time services are provided.

In-person contact between a provider and a beneficiary is not required for psychiatric services provided through telehealth that are otherwise reimbursable pursuant to the Medi-Cal program (Welfare and Institutions Code (W&I Code), Section 14132.72(c)).

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The provider is not required to document a barrier to an in-person visit for Medi-Cal coverage of services provided via telehealth (W&I Code, Section 14132.72(d)).

For purposes of reimbursement of covered telehealth treatment or services, the type of setting where services are provided for the beneficiary or by the provider is not limited (W&I Code Section 14132.72(e)).

A beneficiary's written consent to receive telehealth services is not required. However, prior to a beneficiary receiving telehealth services, the provider will inform the beneficiary, where appropriate, of the option to utilize a telehealth modality and then obtain oral consent from the beneficiary.

Specialty Mental Health Services that may be provided by telehealth or telephone:

- The initial clinical assessment, including any determination of diagnosis and/or medical necessity for outpatient services may be delivered through telehealth or telephone.
- Individual or group SMHS may be delivered through telehealth or telephone. (Mental health services including, crisis intervention services, targeted case management, intensive care coordination, and medication support services may be provided via telehealth, telephone, or in-person).
- Licensed providers and non-licensed staff may provide services via telehealth or telephone, as long as the service is within their scope of practice.
- Certain services, such as crisis stabilization, day rehabilitation, day treatment intensive, crisis residential treatment services, and adult residential treatment services, require a clearly established site for services and require some in-person contact between facility staff and a beneficiary to be claimed. However, California's State Plan does not require that all components of these services be provided in-person. (For example, services can be provided via telephone for a patient quarantined in their room due to illness).
- W&I 5150 evaluations and 5151 assessments may be performed by authorized providers face-to-face via telehealth as per W&I 5008(a) and W&I 5151(b). This may include releases from involuntary holds for evaluation and treatment, as appropriate. These services are Medi-Cal reimbursable regardless of whether they are provided in person or through telehealth as long as the individual is Medi-Cal eligible, the service is Medi-Cal covered, and all Medi-Cal requirements are met. This assessment shall be made face-to-face either in person or by synchronous interaction through a mode of telehealth that utilizes both audio and visual components.


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Psychiatric services may include evaluation, diagnostic examination, psychiatric therapeutic services, ongoing assessment, and adjustment of psychotherapeutic interventions, and may include involvement of informants or other treatment processes. Psychotherapy times are for face-to-face services with the beneficiary and/or informants. The beneficiary must be present for all or some of the service. When billing individual psychotherapy, providers should use the appropriate code based on the direct client care.

Pursuant to the DHCS Medi-Cal telehealth policy, all the following conditions must be met when providing telehealth psychiatric services:

- **Audio Only:** (Synchronous Interactions referred to as Telephone in Services listed above) Health care providers must use an interactive audio-only telecommunications system that permits real-time communication between the provider at the distant site and the patient at the originating site. The audio telehealth system used must, at a minimum, have the capability of meeting the procedural definition of the code provided through telehealth. The telecommunications equipment must be of a quality or resolution to adequately complete all necessary components to document the level of service for the CPT code or HCPCS code billed. The totality of the communication of information exchanged between the provider and the patient during the audio-only service must be of an amount and nature that is sufficient to meet the key components and/or requirements of the same service when rendered via a face-to-face interaction. Providers must document in the patient's medical file that the patient has given a written or verbal consent to the audio-only telehealth encounter. Audio only modifier must be used for billing these services.
- **Audio and Video:** (Synchronous Interactions referred to as Telehealth in Services listed above): Health care provider must use an interactive audio, video or data telecommunications system that permits real-time communication between the health care provider at the distant site and the patient at the originating site. The audio-video telehealth system used must, at a minimum, have the capability of meeting the procedural definition of the code provided through telehealth. The telecommunications equipment must be of a quality or resolution to adequately complete all necessary components to document the level of service for the CPT code or HCPCS code billed. Under federal regulations (Code of Federal Regulations, Title 42, Section 410.78), the presence of a health care provider at the originating site is not required as a condition of payment for the telehealth service unless the health care provider at the distant site determines it is medically necessary.

Evaluation and Management (E&M) and all other covered Medi-Cal services provided at the originating site (in-person with the patient) during a telehealth transmission are billed according to standard Medi-Cal policies (without modifier 95). The E&M service must be in real-time or near


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real-time (delay in seconds) to qualify as an interactive two-way transfer of medical data and information between the patient and health care provider. Synchronous Interactive Audio/visual, telecommunication systems modifier must be used for billing telehealth services.

- The provider who has the ultimate responsibility for the care of the beneficiary must be licensed in the State of California and enrolled as a Medi-Cal provider. The provider performing services through telehealth whether from California or out of state, must be licensed in California and enrolled as a Medi-Cal provider.
- If a visit is provided through telehealth (synchronous audio or video) or telephone, the health care provider is required to confirm consent for the telehealth or telephone service, in writing or verbally, at least once prior to initiating applicable health care services via telehealth to a Medi-Cal beneficiary: an explanation that beneficiaries have the right to access covered services that may be delivered via telehealth through an in person, face-to-face visit; an explanation that use of telehealth is voluntary and that consent for the use of telehealth can be withdrawn at any time by the Medi-Cal beneficiary without affecting their ability to access covered Medi-Cal services in the future; an explanation of the availability of Medi-Cal coverage for transportation services to in-person visits when other available resources have been reasonably exhausted; and the potential limitations or risks related to receiving services through telehealth as compared to an in-person visit, to the extent any limitations or risks are identified by the provider. The provider must document in the medical record the provision of this information and the client's verbal or written acknowledgment that the information was received.
 - Group counseling services can be provided via telehealth and telephone in DMC State Plan, Drug Medi-Cal Organized Delivery System and Specialty Mental Health Services. However, providers must obtain consent from all the participants and take the necessary privacy and security precautions, in compliance with HIPAA and 42 CFR Part 2 as applicable. The 12-client group size limit still applies in both DMC and DMC-ODS counties.
- Providers should complete service documentation in the patient treatment file in the same manner as an in-person visit. Verbal or written consent for telephone or telehealth services shall be documented in the patient record.

All medical information transmitted during the delivery of telehealth services must become part of the client's medical record maintained by the provider following HIPAA requirements

Telehealth standards established by DHCS shall apply to both adult and youth beneficiaries.

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References

Welfare and Institutions Code § 14132.72
All Plan Letter 19-009
BHIN 21-047
BHIN 22-019

Authorization

The above policy has been reviewed and is authorized for immediate implementation:

DocuSigned by:
Miguel Rodriguez
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Miguel Rodriguez, LCSW, Mental Health Director
Behavioral Health & Social Services
Shasta County Health & Human Services Agency

05/02/2023 | 10:02 AM PDT

Date