



7.1.8. Telehealth Services

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Revision History: 06/27/2024; 01/31/2017; 01/16/2015

References: Business and Professions Code § 2290.5:

https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=2290.5&lawCode=BPC

DHCS Telehealth Resources:

<https://www.dhcs.ca.gov/provgovpart/Pages/TelehealthResources.aspx>

DHCS BHIN 23-018, or any subsequent Superseding BHIN:

<https://www.dhcs.ca.gov/Documents/BHIN-23-018-Updated-Telehealth-Guidance-for-SMHS-and-SUD-Treatment-Services-in-Medi-Cal.pdf>

CA Department of Health Care Services, [Post-COVID-19 Public Health Emergency Final Telehealth Policy Proposal](#), 12/2022, and [Medi-Cal Provider Manual](#), 01/2023.

Sections 6924, 6925, 6926, 6927, 6928, 6929, and 6930 of the Family Code, and Sections 121020 and 124260 of the Health and Safety Code.

Policy Owner: Behavioral Health Division – Quality Assessment and Performance Improvement (QAPI), Quality Assurance (QA) Manager

Director Signature: Signature on File

I. Policy Statement

It is the policy of the Sonoma County Department of Health Services (DHS), Behavioral Health Division (BHD) to utilize telehealth in accordance with state and federal laws, as an alternative to “in-person” services, to increase access to mental health and substance use disorder services.

II. Scope

This policy applies to all "Covered Persons," which includes all County of Sonoma employees (full-time, part-time, extra help) and all additional persons

who are performing services for DHS, with the exception of Community Based Organization (CBO) staff.

III. Definitions

A. For the purposes of this policy, the following definitions apply:

1. “Asynchronous store and forward” means the transmission of a beneficiary’s medical information from an originating site to the health care provider at a distant site.
2. “Distant site” means a site where a health care provider who provides health care services is located while providing these services via a telecommunications system.
3. “Health care provider” means any of the following:
 - a. All providers that are listed in the California Medicaid State Plan as qualified providers of SMHS, DMC, or DMC-ODS services are designated by DHCS as able to render covered services, within their scopes of practice, via telehealth.
4. “Originating site” means a site where a beneficiary is located at the time health care services are provided via a telecommunications system or where the asynchronous store and forward service originates.
5. “Synchronous interaction” means a real-time interaction between a beneficiary and a health care provider located at a distant site.
6. “Telehealth” means contact with a beneficiary via synchronous audio and video by an LPHA or registered or certified counselor and may be done in the community or home.
7. “Beneficiary” means individuals receiving specialty mental health services (SMHS) or substance use disorder (SUD) Medi-Cal services. The term “beneficiary” includes recipients of Medi-Cal services referenced in other contexts as member, consumer, client, individuals with lived experience and patient.
8. Sensitive Services means all health care services related to mental or behavioral health, sexual and reproductive health, sexually transmitted infections, substance use disorder, gender affirming care, and intimate partner violence.

IV. Policy

- A. All telehealth services will be provided in compliance with privacy and information security requirements contained in the Federal Health Insurance Portability and Accountability Act (HIPAA) of 1996 found in Parts 160 and 164 of Title 45 of the Code of Federal Regulations, Part 2 of Title 42 of the Code of Federal Regulations, the Medicaid State Plan and any other applicable state and federal statutes and regulations.
- B. All telehealth services must preserve beneficiary choice and include the right of the beneficiary to request and receive “in-person” services.
- C. All telehealth services must be rendered by qualified health care providers.

V. Procedures

- A. Provider Requirements: All DHS-BHD service providers offering telehealth services to Medi-Cal beneficiaries within the Mental Health Plan (MHP) or Drug Medi-Cal Organized Delivery System (DMC-ODS) must:
 - 1. Meet all applicable Medi-Cal licensure and program enrollment requirements;
 - 2. If not located in California, be licensed in California and enrolled in Medi-Cal as a rendering provider, affiliated with a Medi-Cal enrolled provider group in California or border community, as outlined in DHCS Telehealth Policy Paper and Medi-Cal Provider Manual;
 - 3. Meet requirements of the Business and Professions Code §2290.5(a)(3), or otherwise be designated by DHCS as able to render Medi-Cal Services via telehealth.
- B. Beneficiary Choice - Providers Offering:
 - 1. Covered services via synchronous audio-only interaction, must also offer the same services via synchronous video interaction.
 - 2. Telehealth services must:
 - a. Offer the same services via in-person, face-to-face contact, or;
 - b. Arrange for referral to, and facilitation of, in-person care that does not require a beneficiary to independently contact a different provider to arrange for that care.
- C. Beneficiary Consent: Prior to initial delivery of services, the provider must:
 - 1. Obtain verbal or written consent for the use of telehealth;
 - 2. Explain that:

- a. The beneficiary has a right to access covered services in person;
 - b. Telehealth is voluntary and consent for the use of telehealth can be withdrawn at any time without affecting the beneficiary's ability to access Medi-Cal covered services in the future;
 - c. Non-medical transportation benefits are available for in-person visits;
 - d. Any potential limitations or risks related to receiving covered services through telehealth as compared to in-person services, if applicable.
3. Document the beneficiary's verbal or written consent via the Consent for Telehealth Form in SmartCare.
- D. Establishing New Beneficiary Relationships: MHP and DMC-ODS service providers must comply with all applicable federal and state laws, regulations, BHINs, and guidance when establishing new beneficiary relationships:
1. Providers are prohibited from using asynchronous store and forward, synchronous audio-only interaction or remote beneficiary monitoring with establishing new beneficiary relationships;
 2. Establishing new beneficiary relationships for:
 - a. SMHS refers to a licensed clinician's completion of a mental health assessment;
 - b. Substance Use Disorder (SUD) treatment within DMC-ODS refers to an American Society of Addiction Medicine (ASAM) assessment.
- E. Establishing new beneficiary relationships via synchronous audio-only interactions may occur in the following instances:
1. Any SMHS or SUD service is related to sensitive services as defined in subsection (n) of Section 56.06 of the Civil Code;
 2. A beneficiary requests synchronous audio-only; or attests they do not have access to video;
 3. When the visit is designated by DHCS to meet another exception.
- F. DMC-ODS-Specific Requirements for SUD Services:
1. The initial clinical assessment and establishment of a new beneficiary relationship, including any determination of diagnosis, medical necessity, and/or level of care may be delivered through synchronous video interaction. medical necessity, and/or level of care may be delivered through synchronous video interaction.

2. The initial clinical assessment and establishment of a new beneficiary relationship, including any determination of diagnosis, medical necessity, and/or level of care shall only be delivered through synchronous audio-only interaction in the situations outlined within this policy and procedure.
 3. Licensed providers and non-licensed staff may deliver services through telehealth, as long as the service is within their scope of practice.
 4. Covered DMC-ODS services may be delivered through telehealth when those services meet the standard of care. The group size limit still applies for group counseling provided via telehealth. Group counseling sessions may be conducted via telehealth if the provider obtains consent from all the participants and takes the necessary security precautions, in compliance with HIPAA and 42CFR Part 2.
 5. Certain services, such as crisis stabilization, day rehabilitation, day treatment intensive, psychiatric health facility services, inpatient psychiatric hospital services, 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 telehealth for a patient quarantined in their room due to illness).
- G. MHP-Specific Requirements for SMHS:
1. The initial clinical assessment and establishment of a new beneficiary relationship, including any determination of diagnosis and/or medical necessity, may be delivered through synchronous video interaction.
 2. The initial clinical assessment and establishment of a new beneficiary relationship, including any determination of diagnosis and/or medical necessity, shall only be delivered through synchronous audio-only interaction only in the situations identified within this policy and procedure.
 3. Covered SMHS may be delivered through telehealth when those services meet the standard of care.
 4. Licensed providers and non-licensed staff may provide services via telehealth, as long as the service is within their scope of practice.
- H. 5150 Evaluations and 5151 Assessments:
1. W&I 5150 evaluations and 5151 assessments may be performed by authorized providers face-to-face via synchronous video interaction 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 synchronous video interaction 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.

I. Privacy and Security:

1. Staff shall comply with DHS Privacy, Security, and Breach policies when conducting telehealth services both at County owned/leased facilities and at non-county owned/leased locations such as at home.

VI. Forms

- A. Consent for Telehealth

VII. Attachments

Attachment #1: DHS Telehealth Checklist.