

**SANTA CRUZ COUNTY
Behavioral Health Services**

POLICIES AND PROCEDURE MANUAL

Subject: Behavioral Health Telehealth Services

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Responsible for Updating:
Quality Improvement Director

Approval:

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Date

BACKGROUND:

Telehealth is an allowable mechanism to provide clinical services. The use of telehealth within Santa Cruz County Behavioral Health aligns with the California Telehealth Advancement Act of 2011, federal regulations, and with guidance from the Department of Health Care Services. The standard of care is the same whether a beneficiary is seen in-person, or via telehealth, and the use of telehealth must be clinically appropriate and safe for the beneficiary.

SCOPE:

This policy applies to all providers in the Mental Health Plan (MHP) network and the Drug Medi-Cal Organized Delivery System (DMC-ODS).

PURPOSE:

To provide a coordinated system of telehealth services for Santa Cruz County Behavioral Health clients in the MHP and DMC-ODS plans. Patient choice must be preserved; therefore patients have the right to request and receive in-person services.

POLICY:

Santa Cruz County Behavioral Health Services (MHP & DMC-ODS Plans) shall provide telehealth services to Medi-Cal beneficiaries based on individual beneficiary interest and provider determination of beneficiary’s capability and appropriateness with telehealth service delivery methods. All covered services delivered via telehealth shall be provided in compliance with the privacy and security requirements contained in the federal Health Insurance Portability and Accountability Act (HIPAA), and any other applicable state and federal statutes and regulations. Providers who offer services via telehealth must meet applicable Medi-Cal licensure and program enrollment requirements as outlined in BHIN 23-018: Telehealth Guidance.

DEFINITIONS:**1. Telehealth Services**

Telehealth is the mode of delivering health care services via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care while the patient is at the originating site and the health care provider is at a distant site. Per the California Telehealth Advancement Act of 2011 and federal regulations, telehealth is an interactive multimedia telecommunication system, which at a minimum includes audio and video equipment, permitting two-way, real-time interactive communication between the client and distant site physician or practitioner. The term telehealth is used to describe both synchronous audio-only and synchronous video interactions but does not include asynchronous store and forward communications or remote patient monitoring. Telehealth services allows the County to deliver Medi-Cal services to MHP and DMC-ODS eligible beneficiaries that approximates in-person care and is not a distinct service. (42 CFR 410.78). Telehealth services may be delivered from anywhere in the community, including outside a clinic or other provider site. The beneficiary may receive services via telehealth in their home or in other locations as long as the requirements in this policy are met.

PROCEDURES:**1. Prior to Telehealth Appointment – Beneficiary Consent**

- a. A beneficiary's right to access covered services in-person will be preserved; beneficiaries have a right to access covered services in-person.
- b. Non-medical transportation benefits are available for in-person visits.
- c. Use of 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.
- d. All existing confidentiality protections apply to telehealth services.
- e. Patient images or information from telehealth sessions will not be disseminated to other entities without further written consent.
- f. Any potential limitations or risks related to receiving covered services through telehealth as compared to an in-person visit will be discussed, if applicable.
- g. Providers must document the beneficiary's or their legal guardian's verbal or written consent to receive services via telehealth in the electronic health record prior to the initial delivery of the services. Written consent will be obtained on the Telehealth Consent form, which will be maintained in the electronic health record and updated appropriately. All medical information transmitted during the delivery of service via telehealth shall become part of the beneficiary's medical record maintained by the County.
- h. If indicated, the primary clinician working with the client and/or family and/or legal guardian will discuss the option of having an appointment delivered via telehealth and answer any questions or concerns that they may have prior to the appointment.
 - i. If the visit is with a prescriber (Psychiatrist or Nurse Practitioner), a nurse or medical assistant shall be available to consult with the prescriber during the visit, in the event an exam is requested by the Prescriber.

- ii. For prescriber visits via telehealth, the Psychiatrist or Nurse Practitioner, at their professional discretion, makes the determination whether a telehealth visit is appropriate for the client or if an in-person visit is needed.
- iii. For non-prescriber appointments, the clinician, at their professional discretion, makes the determination whether a telehealth visit is appropriate for the client or if an in-person visit is needed.
- i. If the client is agreeable to the appointment via telehealth, the appointment will be scheduled in Avatar and noted as a telehealth session by selecting the appropriate procedure code in the scheduling application.

2. Requirements for Establishing New Patient Relationships

Specialty Mental Health Services (SMHS) and DMC-ODS providers shall comply with all applicable federal and state laws, regulations, bulletins/information notices, and guidance when establishing a new patient relationship via telehealth. A new patient relationship **may not** be established via synchronous audio only interactions or asynchronous store and forward interactions. For SMHS and DMC-ODS, DHCS defines the establishment of a new patient as follows:

- For SMHS, the establishment of care for a new patient refers to the mental health assessment done by a clinician.
- For substance use treatment in DMC-ODS, the establishment of care for a new patient refers to the American Society of Addiction Medicine (ASAM) criteria assessment.

The exceptions to this:

- If the patient requests that synchronous audio-only interactions be utilized to establish care **and** attests that they do not have access to video, this is permissible (although not the preferred standard of care). If a new patient relationship is established in this manner, it must be documented in the medical record that patient requested audio-only interactions be utilized to establish care.
- If the visit is related to sensitive services as defined in subsection (n) of Section 56.6 of the Civil Code¹, synchronous audio-only interactions may be utilized to establish care.

3. Program Specific Requirements

Services provided by telehealth may be provided and reimbursed by each of the following programs as described below.

Drug Medi-Cal Organized Delivery System (DMC-ODS):

- The initial clinical assessment and establishment of a new patient relationship, including any determination of diagnosis, medical necessity, and/or level of care may be delivered through synchronous video interaction.

¹ 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, and includes services described in Sections 6924, 6925, 6926, 6927, 6928, 6929, and 6930 of the Family Code, and Sections 121020 and 124260 of the Health and Safety Code, obtained by a patient at or above the minimum age specified for consenting to the service specified in the section.

- The initial clinical assessment and establishment of a new patient relationship, including any determination of diagnosis, medical necessity, and/or level of care shall only be delivered through synchronous audio-only interaction in the exceptions identified in this policy in section 2 “Requirements for Establishing New Patient Relationships.”
- Licensed providers and non-licensed staff may deliver services through telehealth, as long as the service is within their scope of practice.
- 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.²
- Certain services, such as residential services, require a clearly established site for services and in-person contact with a beneficiary in order 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 in a residential facility due to illness.)

Specialty Mental Health Services (SMHS):

- The initial clinical assessment and establishment of a new patient relationship, including any determination of diagnosis and/or medical necessity, may be delivered through synchronous video interaction.
- The initial clinical assessment and establishment of a new patient relationship, including any determination of diagnosis and/or medical necessity, shall only be delivered through synchronous audio-only interaction in the exceptions identified in this policy in section 2 “Requirements for Establishing New Patient Relationships”.
- Covered SMHS may be delivered through telehealth when those services meet the standard of care.
- Licensed providers and non-licensed staff may provide services via telehealth, as long as the service is within their scope of practice.
- 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).

4. 5150 Evaluations and 5151 Assessments

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 evaluations for releases from involuntary holds as well as for 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.

² 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. Videoconference Room – Patient Clinic Site

- a. Staff will be designated at each site to cover the telehealth appointments; staff shall set up the videoconferencing room at least 15-minutes prior to the scheduled appointment.
- b. Staff shall ensure that the room is free of any confidential materials, and that there is adequate seating for the client and anyone accompanying them for the appointment.
- c. Staff shall ensure the room is scheduled for the duration of the appointment for the client.
- d. Staff will accompany the client into the telehealth room 5-minutes prior to the scheduled appointment and provide a brief orientation to the equipment (i.e. where the client will be sitting, how the session will take place, what to do at the end of the session, how to request assistance, etc.).
- e. Staff will direct the client that, in the event that there is a disruption in communication and communication is lost between the client and the provider, the client should return to the reception area to request assistance.
- f. Staff will log into the County-approved encrypted messaging/video conference platform(s), select the provider, and then message the provider on the approved encrypted messaging/video conference platform to confirm that the provider is ready for the client's appointment.
- g. Once the provider affirms with staff that they are ready for the client's appointment, the staff at the Patient site will click on the video icon in the County-approved encrypted messaging/video conference, and request to initiate the session.
- h. Once the provider acknowledges and accepts the session, the videoconferencing session will be initiated with the provider.
- i. Staff will place a sign on the outside of the door noting that a "consultation is in session".
- j. At the conclusion of the session the provider will indicate to the client and/or guardian that the session has ended and ask the client to return to reception to schedule a follow-up session.
- k. The provider will disconnect from the video feed ending the session.
- l. The provider will utilize the County-approved encrypted messaging/video conference to message reception and indicate when the follow-up appointment should be scheduled, as clinically indicated.

6. Disrupted Communication

- a. As described above, in the event that there is a disruption in communication and communication is lost between the patient and the provider, the patient shall be directed to return to the reception area and request assistance.
- b. If staff cannot establish a new successful connection within 10-minutes of the disruption, alternative arrangements shall be made for another appointment for the client.
 - i. Staff shall inform the provider that a connection could not be restored and alternative arrangements shall be made to see the client again, as soon as possible.
 - ii. The provider shall make a recommendation to the reception staff regarding when the client should come in for an appointment, or if an appointment needs to be made with another provider.

PRIOR VERSIONS: 5/3/2019

REFERENCES: 42 CFR 410.78; W&I Code Section 14132.72(e) & (d), DHCS Medi-Cal & Telehealth, California Telehealth Advancement Act of 2011, BHIN 23-018: Updated Telehealth Guidance for SMHS and SUDS Treatment Services in Medi-Cal; Civil Code Section 56.06 subsection (n)

FORMS/ATTACHMENTS: Telehealth Consent form