
 Behavioral Health Department Alameda County Health	Signed by:  By: <u>BA167CA0C0D444A...</u> Karyn L. Tribble, PsyD, LCSW, Director
POLICY TITLE Telehealth Policy	Policy No: 100-2-7 Date of Original Approval: 8/23/2022 Date(s) of Revision(s): 7/9/2024, 10/11/2024, 9/24/2025

PURPOSE

This policy provides telehealth guidance to providers of Specialty Mental Health Services (SMHS) and Substance Use Disorder (SUD) services that complies with Federal and State authorities. The provision of services via telehealth may expand and improve clinically appropriate care within the Alameda County Health Behavioral Health Department (ACBHD), comprised of the Mental Health Plan (MHP) and Drug Medi-Cal-Organized Delivery System (DMC-ODS). Telehealth may be provided to both new and existing members.

AUTHORITY

- Business and Professions Code [§2290.5](#)
- California Code of Regulations [Title 16 §1815.5](#): Standards of Practice for Telehealth
- [Welfare and Institutions Code Section 14132.100](#)
- [DHCS Medi-Cal & Telehealth Webpage](#)
- [DHCS BHIN 23-018](#) (and any that supersede it)
- [DHCS Telehealth Provider Manual](#)
- [Telehealth Frequently Asked Questions](#)

SCOPE

All County-Operated programs, in addition to entities, programs, and individuals providing SMHS and SUD services under a contract or subcontract with ACBHD, are required to adhere to this policy.

BACKGROUND

Medi-Cal's telehealth policy was originally established pursuant to Assembly Bill 415 (Logue, Chapter 547, Statutes of 2011), known as the [California Telehealth Advancement Act of 2011](#). In 2019, the Department of Health Care Services (DHCS) revised the policy, which afforded substantial flexibility to licensed providers to make clinically appropriate decisions regarding the use of synchronous and asynchronous telehealth modalities across both fee-for-service (FFS) and managed care programs.

POLICY

California law defines telehealth as, "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."¹

Telehealth is not a distinct service, but an allowable mechanism to provide clinical services. Providers determine if a benefit or service is clinically appropriate to be provided via a telehealth modality, subject to member consent. Members retain the right to request and receive in-person services. The standard of care is the same whether the member is seen in-person or via telehealth.

Medi-Cal covered services delivered via synchronous telehealth services are reimbursable in fee-for-service, managed care (physical health care), SMHS, DMC and DMC-ODS programs. Asynchronous services are only covered for DMC-ODS physician consultation services (E-Consults).

All covered SMHS and DMC-ODS services delivered via telehealth shall be provided in compliance with the privacy and security requirements contained in the federal HIPAA of 1996 found in Parts 160 and 164 of Title 45 of the Code of Federal Regulations (CFR), Part 2 of Title 42 of the CFR, the Medicaid State Plan, and any other applicable state and federal statutes and regulations.

PROCEDURE

DHCS allows Medi-Cal managed care plans, county MHPs and county DMC-ODS plans to use clinically appropriate synchronous interaction as a means of demonstrating compliance with the network adequacy time or distance standards.

Telehealth Service Requirements

Clinical Appropriateness

Providers should use clinical judgment about the safety of using telehealth appointments with each member. In accordance with HIPAA, for disclosures, providers must make reasonable efforts to limit the information disclosed to that which is the “minimum necessary” to accomplish the purpose.

Provider Requirements

Providers that offer telehealth services to Medi-Cal members must meet all applicable Medi-Cal licensure and program enrollment requirements indicated below:

- They must be licensed in California and meet all California licensure requirements.
- They must be enrolled as a Medi-Cal rendering provider or non-physician medical practitioner (NMP).
- They must be affiliated with a Medi-Cal enrolled provider group in California or a border community, as outlined in DHCS’ Telehealth Policy Paper and the Medi-Cal Provider Manual².
- They must refer and connect a member to in-person services (e.g., contact ACBHD ACCESS for referral) should a member, at any point during receiving telehealth services, decide to switch to in-person services.

¹ Business and Professions Code [§2290.5](#)

² CA DHCS, [Post-COVID-19 Public Health Emergency Final Telehealth Policy Proposal](#), December 2022, and [Medi-Cal Provider Manual](#), January 2023.

If clinically appropriate, providers residing outside California may provide synchronous telehealth services to a Medi-Cal member as long as the above requirements are met.

As a rule, DHCS requires that every provider offering covered services to a member via telehealth meet the requirements of Business and Professions Code (BPC) Section 2290.5(a)(3) or otherwise be designated by DHCS as able to render Medi-Cal services via telehealth. 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.

In addition to current regulatory standards, providers must meet telehealth requirements specific to their professional credentials. For example, licensees or associate registrants through the California Board of Behavioral Sciences must provide their license and registration number during their first session and verify the member's full name and address of their present location during any subsequent sessions.

Effective no sooner than January 1, 2024:³

- All providers furnishing applicable covered services via synchronous audio-only interaction must also offer those same services via synchronous video interaction to preserve member choice.
- All providers furnishing services through telehealth must do one of the following:
 1. Offer those same services via in-person, face-to-face contact; or
 2. Arrange for a referral to, and facilitation of, in-person care that does not require a member to independently contact a different provider to arrange for that care.

Establishing New Member Relationships

As a rule, State law prohibits the use of asynchronous store and forward, synchronous audio-only interaction, or remote member monitoring when providers establish new member relationships with Medi-Cal members. Providers may establish a relationship with new patients via synchronous video telehealth visits.

For the SMHS, DMC, and DMC-ODS delivery systems, DHCS defines the establishment of new member relationships as follows:

- For SMHS, the establishment of care for a new member refers to the mental health assessment done by a licensed clinician.
- For SUD treatment in DMC and DMC-ODS, the establishment of care for a new member refers to the American Society of Addiction Medicine (ASAM) Criteria Assessment.

However, SMHS, DMC, and DMC-ODS providers may establish a relationship with new members via synchronous audio-only interaction in the following instances⁴:

³ [DHCS BHIN 23-018](#)

⁴ This policy applies to all Medi-Cal delivery systems and will be included in Medi-Cal provider manuals.

- When the visit is related to sensitive services as defined in subsection (n) of Section 56.06 of the Civil Code⁵. This includes all covered SMHS, DMC, and DMC-ODS services.
- When the patient requests an audio-only modality or attest they do not have access to video, and when established in accordance with department specific requirements and consistent with federal and state laws, regulations, and guidance.

Telehealth Communication Products

Per the U.S. Department of Health and Human Services Office of Civil Rights (HHS-OCR), providers can use various [non-public facing remote communication products](#)⁶ that are available to communicate with new and existing members. However, public facing applications such as Facebook Live, Twitch, TikTok, and similar video communication applications should not be used in the provision of telehealth.

DHCS does not impose requirements about which video chat applications can be used to provide services via telehealth beyond the guidance established by HHS-OCR. DHCS recommends providers use HIPAA compliant video communication products and enter into HIPAA business associate agreements (BAAs) in connection with the provision of their video communication products. Additional information regarding telehealth policy changes can be found on the [HHS webpage](#).

Telehealth Location

Providers should always use private locations and members should not receive telehealth services in public or semi-public settings, without the member's consent or urgent circumstances. Providers should implement reasonable safeguards to limit incidental disclosures of protected health information (PHI). This could include using lowered voices, refraining from using speakerphone, and encouraging the member to move a distance away from others when discussing PHI.

Medi-Cal does not limit the type of setting where telehealth services may be provided to a patient by a health care provider. For example, the type of setting where a patient may be seen (i.e., "originating site") includes, but is not limited to a medical office, community clinic, or the patient's home. Medi-Cal does not place limits on the type of distant sites but requires providers to ensure and maintain patient privacy in any location from where they are delivering services.

Telehealth services may continue to be provided to members who are temporarily out of state or country. Per California's telehealth laws and the policies of the Board of Behavioral Sciences and the Board of Psychology. Telehealth services may not be offered to members by providers who are out of country.

⁵ "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.

⁶ HHS, [What is a "non-public facing" remote communication product?](#)

Documentation and Consents

Prior to initial delivery of covered services via telehealth, providers are required to obtain verbal or written consent for the use of telehealth as an acceptable mode of delivering services. The written or verbal consent must include the following information ⁷:

- The member has a right to access covered services in person.
- Use of telehealth is voluntary and consent for the use of telehealth can be withdrawn at any time without affecting the member's ability to access Medi-Cal covered services in the future.
- Non-medical transportation benefits are available for in-person visits.
- Any potential limitations or risks related to receiving covered services through telehealth as compared to an in-person visit, if applicable.

Members who consent to synchronous video must also clearly consent to synchronous audio-only services. The members' consent must be documented in their medical record and made available to ACBHD and/or DHCS upon request. A provider may utilize a general consent agreement as long as the above requirements are met.

Minors who receive confidential care, including sexual health, reproductive health, mental health, and substance use treatment under the Minor Consent Program, may consent to receive the same services via telehealth that are appropriate for telehealth. More information is available on the [Minor Consent Program](#).

Program Specific Requirements**Drug Medi-Cal Organized Delivery System (DMC-ODS)**

- DHCS supports the use of telehealth for DMC-ODS services when it is appropriate and when all relevant federal and state requirements are met.
- The initial clinical assessment and establishment of a new member relationship, including any determination of diagnosis, medical necessity, and/or level of care may be delivered through synchronous video interaction, or in-person.
- The initial clinical assessment and establishment of a new member relationship, including any determination of diagnosis, medical necessity, and/or level of care may be delivered through synchronous audio-only interaction in the instances noted in the "Establishing New Member Relationships" section of this policy.
- Licensed providers and non-licensed staff may provide 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.
- Certain services, such as residential services, require a clearly established site for services and in-person contact with a member 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 member quarantined in their room in a residential facility due to illness).

⁷ [Patient Consent for Telehealth Services](#)

- DMC-ODS member or group counseling services that a provider determines to be clinically appropriate can also be provided via telehealth (examples include member education, crisis intervention, case management, medication support services). The group size limit still applies for group counseling provided via telehealth⁸.
- DHCS supports the use of store and forward communications for DMC-ODS physician consultation services (E-Consults).
- DHCS does not impose any limitations regarding telehealth flexibilities for the provision of medications for treating SUD, commonly referred to as medication-assisted treatment (MAT), above and beyond applicable federal guidance.
- Opioid Treatment Programs (aka Narcotic Treatment Programs) (OTPs) may provide certain services via telehealth. OTPs shall refer to corresponding regulations regarding telehealth eligible services within that modality.⁹

Specialty Mental Health Services (SMHS)

- The initial clinical assessment and establishment of a new member relationship, including any determination of diagnosis and/or medical necessity, may be delivered through synchronous video interaction, or in-person.
- The initial clinical assessment and establishment of a new member relationship, including any determination of diagnosis and/or medical necessity, may be delivered through synchronous audio-only interaction in the instances noted in the “Establishing New Member Relationships” section of this policy.
- SMHS member or group counseling services that can be provided by telehealth or in-person are reimbursable in all counties (examples include mental health services, crisis intervention services, targeted case management, intensive care coordination, and medication support services). The group size limit still applies for group counseling provided via telehealth⁸.
- 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 member 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 member quarantined in their room due to illness).

5150 Evaluations and 5151 Assessments

Welfare and Institutions Code (WIC) 5150 evaluations and 5151 assessments may be performed by authorized providers face-to-face via telehealth, per [WIC 5008\(a\)](#) and [WIC 5151\(b\)](#). This may include

⁸ 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.

⁹ e.g., [BHIN 24-001](#) (and any that supersede it), [9 CCR Div. 4 Ch. 4 Narcotic Treatment Programs](#).

releases from involuntary holds for evaluation and treatment, as appropriate. These services are billable to Medi-Cal regardless of whether they are provided in person or through telehealth as long as the member has Medi-Cal coverage for the service and all Medi-Cal requirements are met. These assessments 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.

Telehealth Reimbursement Rates and Claiming

Rendering services via telehealth does not change the payment methodologies or reimbursement rates to Medi-Cal behavioral health delivery systems. Medi-Cal behavioral health delivery systems must reimburse providers for a covered service, as it is described in the service description included with the claim, at the same rate regardless of the means of delivery (in-person or telehealth). For comprehensive information on claiming for Telehealth Services, consult the guidance provided by the ACBHD Billing and Quality Assurance Department, as well as the latest updates and resources available in the DHCS Billing Manuals, available through the [DHCS MedCCC Library](#).

NON-COMPLIANCE

- I. Definition of non-compliance: Any failure to abide by the stated policy.
- II. Contractors not in compliance with contract provisions, or with State or Federal law and/or regulations, shall be immediately responsible for remedy.
- III. ACBHD may, at its discretion, issue a Corrective Action Plan (CAP) or Contract Compliance Plan (CCP), as appropriate.
- IV. The cost to implement the CAP or CCP shall be borne by the Contractor.
- V. Staff shall report incidents of non-compliance to their department manager, who shall submit a Non-Compliance Report to ACBHD Quality Management (QM).
- VI. Non-Compliance Reports shall be submitted within 15 days of reasonable awareness of the non-compliance.
- VII. Failure to address identified issues may result in further action by ACBHD up to and including program termination, as specified in the ACBHD Contract Compliance and Sanctions for ACBHD Contracted Providers Policy.
- VIII. Staff shall not face retribution for submitting a notice of non-compliance.
- IX. Any communication that contains protected health information (PHI) or otherwise confidential information (e.g., as defined by HIPAA, 42 CFR, Part 2, etc.) shall be sent through secure methods such as email with secure encryption.
 - I. Should an emergency arise where conformance with this policy is impractical, the supervisor(s) and Division Director will be notified immediately.

CONTACT

ACBHD	Current As Of	Email
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Quality Assurance	6/23/2025	QATA@acgov.org
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DISTRIBUTION

This policy will be distributed to the following:

- ACBHD Staff
- ACBHD County and Contracted Providers
- Public

ISSUANCE AND REVISION HISTORY

Original Authors: Karen Capece, Quality Management Program Director; Laurel Pendleton, Quality Improvement Project and Planning Manager

Original Date of Approval: 8/23/2022 by Karyn L. Tribble, PsyD, LCSW, Behavioral Health Director

Revision Author	Reason for Revision	Date of Approval by (Name, Title)
Gina Battaglia, MA, Quality Assurance Supervising Program Specialist	Policy update to be consistent with BHIN 23-108, to incorporate out-of-state requirements, and to update DHCS use of term “member” and branding.	7/9/2024 by Karyn L. Tribble, PsyD, LCSW, Behavioral Health Director
Gina Battaglia, MA, Quality Assurance Supervising Program Specialist	Correction of policy number (from 100-2-5 to 100-2-7)	10/11/2024 by Karyn L. Tribble, PsyD, LCSW, Behavioral Health Director
Leticia Chae, LMFT, Clinical Review Specialist (QA)	Added Telehealth definition. Updated sections: Telehealth Regulations, Establishing New Member Relationships, Member Consent, Telehealth Claiming and Reimbursement Rates, Claiming for Telehealth Services.	9/24/2025 by Karyn L. Tribble, PsyD, LCSW, Behavioral Health Director

DEFINITIONS

Term	Definition
Asynchronous Store and	Asynchronous store and forward services include text messaging, email and other digital communication that involve a delayed response. Consultations

Forward Transfers	via asynchronous electronic transmission initiated directly by members, including through mobile phone applications, are not covered by Medi-Cal. DHCS supports the use of store and forward communications for DMC-ODS physician consultation services (E-Consults).
Distant Site	Site where a health care provider who provides health care services is located while providing these services via a telecommunications system. The distant site for purposes of telehealth can be different from the administrative location.
E-Visits	Communications between a member and their provider through an online member portal.
E-Consults	Asynchronous consultation services in which a member's treating health care practitioner requests the opinion of another health care practitioner (consultant) with needed expertise to assist in the diagnosis and/or treatment of a member, without the member's presence. E-Consults between health care providers are designed to offer coordinated multidisciplinary case reviews, advisory opinions, and recommendations of care. E-consults are permissible only between health care providers.
Originating Site	Site where a member is located at the time health care services are provided via a telecommunications system or where the asynchronous store and forward service originates. For purposes of reimbursement for covered treatment or services provided through telehealth, the type of setting where services are provided for the member or the health care provider is not limited. The type of setting may include, but is not limited to, a hospital, medical office, community clinic or the member's home.
Synchronous Interaction	Real-time interaction via video plus audio, or audio only, between a member and a health care provider located at a distant site.
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 member's health care while the member is at the originating site and the health care provider is at a distant site. Telehealth facilitates member self-management and caregiver support for members and includes synchronous interactions and asynchronous store and forward transfers.

APPENDICES

NONE