

ACBHD Telehealth Training

Alameda County Health
Behavioral Health Department
Quality Assurance Division

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Topics

- Telehealth Overview
- Telehealth Consent
- Types of Telehealth Services
- Billing & Claiming for Telehealth Services
- Documenting Telehealth Services
- Resources



Learning Objectives

Attendees will:

- Learn the basics of behavioral health Medi-Cal telehealth service delivery.
- Develop an understanding of the different ways telehealth can be delivered and how telehealth integrates with in-person services.
- Learn how to document and claim for services provided to Medi-Cal members via telehealth.



Telehealth Overview

What is Telehealth?

State 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.”



Types of Telehealth

- Telehealth refers to both audio only (e.g., phone) and audio/video (e.g., video call) types of service delivery.
- Telehealth must be available and offered in both audio-only and audio/video service delivery types.
- **Reminder:** Occasional phone calls with a client are considered delivering services via telehealth.

Reference: BHIN 23-018



Asynchronous vs Synchronous

- Definitions:

- **Asynchronous store and forward** means the transmission of a client's medical information from an originating site to the health care provider at a distant site (e.g., email, messaging).

- **Synchronous interaction** means a real-time interaction between a client and a health care provider located at a distant site (e.g., a video call).

- Providers may utilize both methods of telehealth; however, only synchronous telehealth is allowed to be billed to Medi-Cal.

- For hard of hearing clients, some use of synchronous telehealth may be claimed to Medi-Cal.

Privacy and Confidentiality Considerations

- All laws regarding the confidentiality of health care information and a client's rights to medical information apply to telehealth interactions.
- All Medi-Cal services delivered via telehealth must be provided in compliance with the Health Insurance Portability and Accountability Act (HIPAA), 42 CFR Part 2, the Medicaid State Plan, and any other applicable state and federal statutes and regulations.
- Providers must ensure confidentiality and privacy when delivering healthcare services via telehealth.
- Telehealth platforms must also be private, secure, and have sufficient encryption.

Telehealth Services Across State Lines

- Some exceptions apply, but generally both the provider and client must be located in California (CA) at the time of the service.
- If a provider is not located in CA, they must follow the laws and regulations of the jurisdiction of both CA and of their location.
- If a Medi-Cal client is temporarily visiting another state (e.g., vacation), urgent services may be provided to help manage a crisis. However, ongoing services are not advised, and the individual should seek services in their current geographic area.
- If a former CA resident has moved to another state, but still has active CA Medi-Cal, services rendered after the move date cannot be billed to CA Medi-Cal.
- Medi-Cal related telehealth services cannot be provided across international borders.



Telehealth Clinical Considerations

- Providers must consider an individual's situation when determining if telehealth is an appropriate mode of service delivery.
- The safety and current mental status of the individual should be considered as well as privacy and confidentiality.
- Examples:
 - ❑ Individuals in abusive or controlling relationships might not be able to have private communications via telehealth. Someone could be monitoring their phone usage, reading their messages, or be present but off camera during sessions.
 - ❑ Parents may monitor youth electronic communication, thus impacting the youth's ability to develop trust with their therapist.
 - ❑ An individual may be in distress or crisis and require in-person intervention.

Access to In-Person Services

- Clients have the right to request and receive in-person services.
- When a client requests access to covered services in person, a provider furnishing services through telehealth must do one of the following:
 - ❑ Offer those same services via in-person, face-to-face contact; or
 - ❑ Arrange for a referral to, and a facilitation of in-person care that does not require the member to independently contact a different provider to arrange for that care.



Consent to Receive Services via Telehealth

Telehealth Consent Requirements



Per BHIN 23-018, Department of Health Care Services (DHCS) requires that providers do all of the following:

- Obtain verbal or written consent for the use of telehealth as an acceptable mode of delivering services **prior to the initial delivery of covered services via telehealth** (synchronous audio and video) or telephone (audio only).
- Explain specific information to clients regarding the use of telehealth.
- Document in the client's medical record their verbal or written consent to receive covered services via telehealth prior to the initial delivery of telehealth services.

Group practices need to obtain and document a patient's initial telehealth consent prior to the initiation of health care services via telehealth. If consent is documented by the group practice, it is not necessary for each provider rendering health care services via telehealth to document consent.

Telehealth Consent Requirements, Cont.

- Telehealth consent is required whether all or some of the services are offered virtually. This includes periodic telephone check-ins with a client.
- To simplify the process, the Informing Materials Acknowledgement of Receipt page is being updated by ACBHD to include the required telehealth consent language.
- Once this document is published, it should be reviewed and signed by all new clients.
- In situations where a telehealth consent cannot be obtained in writing, a verbal consent must be obtained and documented in the chart prior to initial delivery of services via telehealth.
- The verbal consent and documentation of that consent must include specific client advisements to comply with the DHCS requirements.

Telehealth Consent Requirements, Cont.

➤ When obtaining verbal or written consent, providers are required to review the following information with clients and document that these details were reviewed in the medical record:

1. The individual has a right to access covered services in person.
2. Use of telehealth is voluntary and consent for the use of telehealth can be withdrawn at any time without affecting the client's ability to access Medi-Cal covered services in the future.
3. Non-medical [transportation](#) benefits are available for in-person visits.
4. Any potential limitations or risks related to receiving covered services through telehealth as compared to an in-person visit were discussed with the client, as appropriate.

Verbal Telehealth Consent

- To simplify the process for verbal consent, providers may read the language below to a client:

“Under Medi-Cal you have the option to receive services in person, in a face-to-face visit or via telehealth. Medi-Cal provides coverage for transportation services. There may be limitations or risks related to receiving services via telehealth rather than in person. For example, [Add details]. If you choose to receive services via telehealth, you may change your mind at any time by letting us know. If you change your mind about using telehealth, you will still have access to Medi-Cal covered services.”



- Then, copy/paste the above language in the medical record adding that it was shared with the client and that the client understands and agrees to the above advisements and has verbally consented to receiving health care services via telehealth.

Minor Consent

- Minors who receive confidential care, including sexual health, reproductive health, or mental health 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](#).



Telehealth Consent: Scope



- ☒ Telehealth consent is only required for the client.
- ☐ Activities between providers, for example case management, do not require telehealth consent.
- ☐ Telehealth consent is not required when delivering services to collaterals, such as family or other significant support persons.

Limitations of Telehealth Consent

- Consenting to receive services via telehealth does not preclude an individual from receiving in-person health care delivery services during a specified course of health care and treatment after agreeing to receive services via telehealth.
- All laws and regulations governing professional responsibility, unprofessional conduct, and standards of practice that apply to a health care provider under the health care provider's license apply to that health care provider while providing telehealth services.
- Individuals have the right to refuse to consent to receive services via telehealth.
- Except in an emergency, if a client declines to consent to receiving services via telehealth, services via telehealth may not be provided until consent is given.

Types of Services Eligible for Telehealth

Requirements for Establishing New Member Relationships

- SMHS and DMC-ODS providers must comply with all applicable federal and state laws, regulations, bulletins/information notices, and guidance when establishing a new client relationship via telehealth.
 - ❑ For SMHS, the establishment of care for a new client refers to the mental health assessment done by a licensed clinician.
 - ❑ For DMC-ODS, the establishment of care for a new client refers to the American Society of Addiction Medicine (ASAM) Criteria assessment.
- Generally, state law prohibits the use of asynchronous store and forward, synchronous audio-only interaction, or remote client monitoring when providers establish new client relationships with Medi-Cal clients.

Requirements for Establishing New Member Relationships: Exceptions

- SMHS and DMC-ODS providers may establish a relationship with new clients via synchronous audio-only interaction in the following instances:
 - ❑ When the visit is related to sensitive services as defined in [subsection \(n\) of Section 56.06 of the CA Civil Code](#). This includes all covered SMHS and DMC-ODS services.
 - ❑ When the client requests that the provider utilizes synchronous audio-only interactions or attests they do not have access to video.
 - ❑ When the visit is designated by DHCS to meet another exception developed in consultation with stakeholders.
- Providers should document the rationale for providing services under one of these exceptions in the progress note related to the visit.

Allowable SMHS Telehealth Services

- The initial clinical assessment and establishment of a new client relationship, including any determination of diagnoses and/or medical necessity, may be delivered through synchronous video interaction (or via audio-only if exceptions allow).
- Covered SMHS may be delivered through telehealth when those services meet the standard of care.
- Licensed and non-licensed providers may provide services via telehealth, if 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, not all components of these services are required to be provided in person. For example, services can be provided via telehealth for a member quarantined in their room due to illness.

Allowable DMC-ODS Telehealth Services

- The initial clinical assessment and establishment of a new member relationship, including any determination of diagnoses, medical necessity, and/or level of care may be delivered through synchronous video interaction (or audio-only if exceptions allow).
- Licensed and non-licensed providers may deliver services through telehealth, if 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 client to be claimed. However, not all components of these services are required to be provided in person. For example, services can be provided via telehealth for a client quarantined in their room in a residential facility due to illness.

Group Services via Telehealth



- Group services can be provided via telehealth if all telehealth requirements, including consent, are completed for all group members.
- **For DMC-ODS**, group size limits (2-12 members) apply regardless of the mode of delivery.

Billing and Claiming for Telehealth Services

Claiming Medi-Cal for Services Delivered via Telehealth

- There are several fields and codes that work together to establish a claim as a telehealth service.
- **The following fields are completed by providers:**
 - Mode of Delivery
 - Location
- **The following codes are automatically added in SmartCare** based on the selections in the *Mode of Delivery* and *Location* fields:
 - Place of Service Codes
 - Modifiers
- If a telehealth *Mode of Delivery* is erroneously selected for a service that does not include a telehealth Location, no telehealth modifiers will be added to the claim.

Mode of Delivery and Location Fields

- **Mode of Delivery** is on the SmartCare Service Entry screen and has the following options:
 - Telephone
 - Video Conference
- **Location** has the following options:
 - Phone-Pt in home
 - Video-Pt in home
 - Phone-Pt not home/not present
 - Video-Pt not home/not present



SmartCare does not cross validate between *Mode of Delivery* and *Location* which could result in mismatches. It is important to make the correct selections when documenting telehealth services.

How SmartCare Claims Telehealth to Medi-Cal

<i>SmartCare Location</i>	The system automatically maps to:	<i>CMS/DHCS Place of Service Codes</i>
<ul style="list-style-type: none"> ➤ Phone-Pt not home/not present ➤ Video-Pt not home/not present 	➡	02 Telehealth Provided Other than in Patient's Home
<ul style="list-style-type: none"> ➤ Phone-Pt in home ➤ Video-Pt in home 	➡	10 Telehealth Provided in Patient's Home
<i>SmartCare/CG Mode of Delivery</i>	The system automatically adds:	<i>Modifiers</i>
<ul style="list-style-type: none"> ➤ Telephone 	➡	CPT: 93 = Synchronous audio-only HCPCS: SC
<ul style="list-style-type: none"> ➤ Video Conference 	➡	CPT: 95 = Synchronous audio/video HCPCS: None

Scenarios

Scenario	Billing and Claiming Codes
Client is not present during an audio-only case management service between two providers.	Mode of Delivery: Telephone Location: Phone-Pt not home/not present This is not a telehealth service, but these are the best options available.
Services are provided to client via audio-video while client is at home.	Mode of Delivery: Video Conference Location: Video-Pt in home
Services provided to client via audio only, while client is at home.	Mode of Delivery: Telephone Location: Phone-Pt in home
Services are provided to the client in the field while the client is present.	Mode of Delivery: Face-to-Face Location: Field This is not a telehealth service
Services are provided to the client via audio only, while the therapist is in the field and the client is away from home.	Mode of Delivery: Telephone Location: Phone-Pt not at home/not present

Telehealth Reimbursement

- Telehealth services reimburse at the same rate as in-person services.
- For example, if a provider receives \$100 for an in-person visit, the provider should also be reimbursed \$100 for an equivalent visit rendered via telehealth provided the means of service delivery is medically appropriate.



Documenting Services Provided via Telehealth

Telehealth Documentation Requirements

- Providers are required to complete service documentation in the member record in the same manner as an in-person visit.
- Member consent for telehealth services must be documented in the medical record and include all DHCS required advisements.
- The fact that a service was performed by telehealth must be clearly documented in the chart and must be reflected in the claim, using the appropriate billing code and modifier.



Additional Telehealth Requirements for Practitioners with a CA Board of Behavioral Sciences (BBS) Credential

- All psychotherapy services offered via telehealth are subject to the board's statutes and regulations.
- Failure to comply with the requirements on the following two slides shall be considered unprofessional conduct.
- Although the following slides highlight the specific requirements laid out by BBS, they represent general best practices when offering telehealth services.



Additional Telehealth Requirements for Practitioners with a CA Board of Behavioral Sciences (BBS) Credential, Cont.

During the **initial** telehealth service provided to a client, a licensee or registrant shall do the following:

- Obtain informed consent from the client consistent with the CA Business and Professions Code § 2290.5.
- Inform the client of the potential risks and limitations of receiving treatment via telehealth.
- Provide the client with their type and number of license or registration.
- Document reasonable efforts made to ascertain the contact information of relevant resources, including emergency services, in the client's geographic area.

Additional Telehealth Requirements for Practitioners with a CA Board of Behavioral Sciences (BBS) Credential, Cont.

At each **subsequent** telehealth service provided to a client, a licensee or registrant shall do the following:

- Verbally obtain from the client and document the client's full name and address of present location, at the beginning of each telehealth session.
- Assess whether the client is appropriate for telehealth, including, but not limited to, consideration of the client's psychosocial situation.
- Utilize industry best practices for telehealth to ensure both client confidentiality and the security of the communication medium.

Telehealth and Medicare

- The Department of Health and Human Services (HHS) and Centers for Medicare and Medicaid Services (CMS) recently updated their rules for telehealth.
- If you are providing services to individuals with Medicare (i.e., Medi-Medi), then both Medicare and Medi-Cal telehealth standards apply.
- Please consult these resources to help you navigate Medicare:

[MLN901705 - Telehealth & Remote Patient Monitoring](#)

[Medicare Telehealth FAQ CY26 Updated 11/14/25](#)

[HHSA Telehealth Policy Updates](#)

[Noridian JE Part B Telehealth](#)

Resources

Links to Resources for Telehealth Providers

- [CA Business and Professions Code § 2290.5](#)
- [W&IC 14132.725](#)
- [16 CCR § 1815.5. Standards of Practice for Telehealth](#)
- [DHCS Telehealth](#)
- [DHCS Telehealth Resources](#)
- [DHCS BHIN 23-018](#)
- [DHCS Telehealth FAQ](#)
- [CAMFT Telehealth Corner](#)
- [CA BBS Telehealth FAQs](#)



Questions?

- We are here to help!
- Please email questions to QATA@acgov.org or consider attending one of our Brown Bag Meetings for open forum Q&A.
- For more information or to access the meeting links to our monthly Mental Health and SUD Brown Bag Meetings, please visit our [QA Training Page](#) on the ACBHD Provider Website.



Thank you for attending.