

	County of Sacramento Department of Health and Human Services Division of Behavioral Health Services Policy and Procedure	Policy Issuer (Unit/Program)	QM
		Policy Number	QM-00-10
		Effective Date	02-15-2018
		Revision Date	07/01/2025
Title: Division Of Behavioral Health Services - Telehealth		Functional Area: Administration	
Approved By: (Signature on File) Signed version available upon request Alexandra Rechs, LMFT Program Manager, Quality Assurance Ryan Quist, PsyD Deputy Director, Division of Behavioral Health Services			

BACKGROUND/CONTENT:

Sacramento County Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS) are dedicated to providing timely and appropriate services to individuals who consent and request to Specialty Mental Health Services (SMHS), medication support services and Substance Use Prevention and Treatment (SUPT) services. The California Telehealth Advancement Act of 2011 defines telehealth as the mode of delivering health care services and public health utilizing 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.” (Bus. & Prof. Code, § 2290.5, subd. (a)(6).)

DEFINITIONS:

Telehealth (DHCS BHIN 23-018): synchronous audio and video interaction.

Telephone: synchronous audio only interaction.

Telepsychiatry: The term typically describes the delivery of psychiatric assessments and on-going care through the use of two-way real time-interactive audio and video (webcam) communication between a client, located at a provider site, and a psychiatrist, located at an alternative provider site. It is intended to overcome geographical barriers, connecting users who are not in the same physical location.

POLICY:

Medi-Cal covered services delivered via telehealth and telephone modalities are reimbursable in the Medi-Cal Specialty Mental Health Services (SMHS) and the Drug Medi-Cal Organized Delivery System (DMC-ODS), including initial assessments. Patient choice must be preserved; therefore, patients have the right to request in-person services.

All covered SMHS and DMC-ODS services delivered via telehealth or telephone shall be provided in compliance with the privacy and 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

Telehealth Provider Requirements

Providers that offer telehealth services to Medi-Cal members must meet all applicable Medi-Cal licensure and program enrollment requirements. If the provider is not located in California, they must be licensed in California, enrolled as a Medi-Cal rendering provider, and affiliated with a Medi-Cal enrolled provider group in California.

Program Specific Requirements

The following programs may provide telehealth services as outlined below:

A. Drug Medi-Cal Organized Delivery System:

- 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.
- 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 only in situations where the member uses audio-only interactions or attests they do not have access to video.
- 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.
- 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 patient quarantined in their room in a residential facility due to illness.)

B. Specialty Mental Health Services:

- 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 only in situations where the member uses audio-only interactions or attests they do not have access to video.
- 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).

C. *Mental Health Services Act (MHSA)*: Sacramento County may use MHSA funding to pay for services provided via telehealth or telephone as long as the services provided are consistent with the MHSA requirements and cannot be covered by any other source of funding. Counties that use MHSA funds to pay for SMHS must follow the Medi-Cal guidance for telehealth services.

D. *5150 Evaluations and 5151 Assessments*: 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.

PROCEDURE:

Determining clinical appropriateness for telehealth

1. The client's treating clinician may recommend to the supervisor a client not receive telepsychiatry services due to certain clinical features that are contraindicative for this type of service.
2. Examples of clinical reasons clients may not be appropriate for telepsychiatry include: exceptional paranoia; delusions related to "electronic devices", reports of "being monitored" or similar schizoid or psychotic symptoms that might interfere with the therapeutic milieu; symptoms or issues with the invasiveness of the process that might aggravate or cause regression or de-compensation.
3. Sensory Acuity: Clients must have sufficient sensory acuity to permit meaningful perception of audio/video linkage signals, except in specific situations approved by the Program or his/her designee.
4. Because the client's mental health may change from session to session, clinical assessment of appropriateness for Telehealth will be conducted prior to each session by the supporting clinician located at the Originating site. Telehealth is not conducted if factors indicate that client is not appropriate for this service or if the client requests to discontinue Telehealth services.

Member Consent

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, and must explain the following to members:

- 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 (and their legal guardians if applicable) will acknowledge their understanding of these guidelines and provide verbal or written consent for telehealth, which will be documented in their health record either via progress note or agency consent form.

In addition to obtaining consent it is recommended that providers discuss best practices for successful telehealth service provision (See Attachment A).

Documentation and Reimbursement

Providers that meet the applicable provider requirements in this BHIN may deliver services via telehealth from anywhere in the community, including outside a clinic or other provider site, and members may receive services via telehealth in their home or in other locations.

Providers are required to complete service documentation in the patient record in the same manner as in-person visit following guidelines set forth in Sacramento County Policies and Procedures. 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, as described below. The use of telehealth and telephone modifiers on SMHS, DMC-ODS, and DMC claims is mandatory and necessary for accurate tracking of telehealth and telephone usage in behavioral health. Billing codes must be consistent with the level of care provided. The following codes shall be used in DMC-ODS and SMHS:

- Telehealth (synchronous audio and video) service: GT
- Telephone (audio-only) service: SC
- Store and forward (e-consult in DMC ODS): GQ

REFERENCE(S)/:

- Title 42, Code of Federal Regulations, Section 438.608
- California Administrative Code Title 9, Section 1840.112
- BHIN 23-018
- [MedCCC - Library](#) – Medi-Cal Billing Manuals
- [Telehealth \(ca.gov\)](#)
- Attachment A – Sacramento County Best Practices Guidelines
- Attachment B – Sample Consent for Telepsychiatry Services – CalMHSA

RELATED POLICIES:

- Medication Support Staff Electronic Documentation Requirements QM-00-06
- Informed Consent for Psychotropic Medication QM-10-32
- Vital Sign Training for Unlicensed Staff QM-07-05

DISTRIBUTION:

Enter X	DL Name	Enter X	DL Name
X	Mental Health Staff	X	Children's Contract Providers
X	Mental Health Treatment Center	X	Substance Use, Prevention, and Treatment
X	Adult Contract Providers	X	County Counsel
X	County Compliance Oversight Committee	X	County of Sacramento Privacy & Compliance Officer
X	SUPT Staff	X	SUPT Providers

CONTACT INFORMATION:

- Quality Management Information
QMInformation@SacCounty.gov

ATTACHMENT A

Sacramento County Best Practice Guidelines

1. Prior to use of telehealth, service provider and members will review the policies and procedures for telehealth services outlined in this document. Members (and their legal guardians if applicable) will acknowledge their understanding of these guidelines and provide verbal consent for telehealth, which will be documented in their health record. They will be sent a copy of these guidelines for future reference.
2. Before the use of telehealth, treatment providers and members will conduct a standard “test” session to be sure that the equipment works, and can be managed by both the member and the service provider. Safety procedures should also be discussed and agreed to by both parties.
3. Technical requirements: For members using telehealth in their homes, they will be solely responsible for setting up and using the computer system or electronic device that supports telehealth at their location. Below are recommended guidelines for secure telehealth services, these are based on best practices to protect members’ privacy:
 - a. Members should choose a place where they feel they are in a relatively private area and can use single-audio devices (headphones and microphones) if necessary. Members should consider who might be able to overhear or see communication with their service provider.
 - b. Members need to have a computer (PC or Mac), smart phone or tablet with camera and audio capacity. A recent model laptop or iPhone/iPad is best as all technical specifications for telehealth are included in these devices.
 - c. Members and Providers should use a secure conferencing application, which is compatible with both Windows and Mac-based systems.
 - d. No permanent video or voice recording of the telehealth service session will be kept.
4. Confidentiality & Privacy: At the first telehealth session with a member, both the service provider (e.g. therapist, psychiatrist, etc.) and the member (and their legal guardians if applicable) will show documentation/verification of identification and location along the following guidelines:
 - a. Provider Identity Verification: Providers will state their name and show their credentials (i.e. photo-based professional identification e.g. workplace badge) for the member to view and say: *“I am [NAME], [credentials, e.g. LCSW] at the (name of clinic/agency) clinic providing telehealth services for Member [LAST NAME OF CLIENT]. My license number is... OR I am supervised by [SUPERVISOR NAME and license number].”*
 - b. Member Identity Verification: Members above the age of 18 will be asked to say their name, show a photo ID (if available) on the video-screen, and give a verbal agreement during the first session. For individuals under the age of 18, the minor’s legal guardian will be asked to say their name, show a photo ID (if not available, other legal identification will be allowed), and give a verbal agreement to services being provided through telehealth. The member will need to provide their name and verbal agreement at this first session as well. This will not need to be done after the first session. If the member decides at any time that telehealth is not an acceptable mode of service, in person services must be offered.
 - c. Inclusion of other individuals (non-mental health professionals): Members should let the service provider know if any other person can hear or see any part of the session. This is to protect the member’s privacy. In the event that additional individuals will participate in telehealth sessions, the member (and their legal guardian) will give a verbal agreement

for sharing of the information during the telehealth session and a written release of information for that individual at the next face-to-face session. The verbal agreement should be documented in the member's health record. Those individuals joining the session will need to review these guidelines and follow the same procedures as members, including stating their name and showing identification (if available) and providing verbal agreement to participate in the session. To ensure privacy, members must not record the session, or take any screen shots.

- d. Providers will provide information regarding the member's right to withdraw consent without it affecting their future care, treatment, or risk to any program benefits.
5. Location: The location of where the member will be receiving telehealth services will be confirmed and documented by the provider. Locations should be chosen to follow the same guidelines each time:
 - a. Locations will be agreed upon and documented at least 24 hours prior to starting the session.
 - b. It is important to choose a location that allows privacy for the participant(s). This would exclude public places that do not have separate private spaces (for example: coffee shops or restaurants), public outdoor environments, and other spaces in where others could overhear private conversations. Distracting stimuli should be minimized as much as possible. This may include but is not limited to: disabling notifications for various apps on the devices used by clinicians and members, silencing cell phones, choosing quiet locations, computers and cameras should be stabilized to avoid wobbling and shaking during telehealth, and choosing areas with strong and stable internet connectivity.
 6. Safety guidelines: Our client's safety is of the utmost importance to us. The following guidelines provided are to insure client's safety and a rapid response to any threats to the safety of our client's or others.
 - a. Members will be directed to their nearest emergency service provider in the event there is a concern for the safety of the member or others.
 - b. In the event that this procedure is not appropriate or sufficient, providers will contact emergency services to request a wellness check by local emergency personnel.

Attachment B

SAMPLE - CONSENT FOR TELEPSYCHIATRY HEALTH SERVICES

Start Date: _____ End Date: _____ Member: _____ ID#: _____ DOB: _____

Consent For Telehealth

I hereby agree to receive telehealth services from _____ (County) and its contracted mental health and substance use disorder providers and agree that this is an acceptable mode of delivering health care related services to me in accordance with the terms of this consent form. I understand and agree to the following statements regarding telehealth:

- Telehealth services include the use of video teleconferencing solutions to provide services to a client via electronic interactive audio and video telecommunication from a distant location. Telehealth services are considered face-to-face because the client is visually present. I understand that my provider will not be physically in my presence.
- Telehealth services will be provided to me for purposes of evaluation, diagnosis, management, and treatment.
- The treating provider performing the examination or treatment will keep a record of the consultation in my electronic healthcare record.
- All the information discussed via telehealth is held to the same privacy standards as that of an in-person appointment.
- Should I feel for whatever reason telehealth is not a comfortable means of conducting my treatment sessions, I have the right to withdraw consent for telehealth services at any time without affecting my right to future care, services, or program benefits to which I would otherwise be entitled.
- There are risks, benefits, and consequences associated with telehealth, including but not limited to disruption of transmission by technology failures, interruption and/or breaches of confidentiality by unauthorized persons, and/or limited ability to respond to emergencies.
- When using my own personal electronic device, _____ (County) does not have any control or authority over the protection of my health information that may be stored within my device. I understand that information stored within my device may be at risk, for example, if lost or stolen.
- All information disclosed within sessions and written records pertaining to those sessions are confidential and may not be disclosed to anyone without written authorization, except where the disclosure is permitted and/or required by law. Audio/visual recording may be allowed with a separate written consent. Such recordings are for staff training purposes only, are not part of the medical record, and are destroyed after intended use.
- Although my provider may need to contact my emergency contact and/or appropriate authorities in case of an emergency, I understand that my provider will be unable to render in-person emergency assistance if I experience a crisis during a telehealth session.
- I have a right to access covered services in person. I understand that non-medical transportation benefits are available for in-person visits.

Signature: _____

Date: _____

Printed Name: _____