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State of California—Health and Human Services Agency
Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

DATE:

Behavioral Health Information Notice No: 22-XXX
Supersedes BHIN [21-047](#)

TO: California Alliance of Child and Family Services
California Association for Alcohol/Drug Educators
California Association of Alcohol & Drug Program Executives, Inc.
California Association of DUI Treatment Programs
California Association of Social Rehabilitation Agencies
California Consortium of Addiction Programs and Professionals
California Council of Community Behavioral Health Agencies
California Hospital Association
California Opioid Maintenance Providers
California State Association of Counties
Coalition of Alcohol and Drug Associations
County Behavioral Health Directors
County Behavioral Health Directors Association of California
County Drug & Alcohol Administrators

SUBJECT: Updated Telehealth Guidance for Specialty Mental Health Services and Substance Use Disorder Treatment Services in Medi-Cal

REFERENCE: [DHCS Telehealth Webpage](#)

PURPOSE: Provide updated guidance on the Medi-Cal behavioral health delivery systems telehealth policy

BACKGROUND:

Telehealth is not a distinct service, but an allowable mechanism to provide clinical services. The standard of care is the same whether a beneficiary is seen in-person, via telehealth or via telephone.

For purposes of this BHIN, telehealth is defined as synchronous audio and video interaction. Telephone is defined as synchronous audio-only interaction.

POLICY:

Medi-Cal covered services delivered via telehealth and telephone modalities are reimbursable in the Medi-Cal Specialty Mental Health Services (SMHS), the Drug

Medi-Cal Organized Delivery System (DMC-ODS), and the Drug Medi-Cal (DMC) programs, including initial assessments. Patient choice must be preserved; therefore, patients have the right to request in-person services.

DHCS' coverage and reimbursement policies for services provided via telehealth and telephone modalities align with the [California Telehealth Advancement Act of 2011](#) and federal regulations. 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.” ([Bus. & Prof. Code, § 2290.5, subd. \(a\)\(6\).](#))

All covered SMHS, DMC-ODS, and DMC 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.

Specific guidance for providers regarding HIPAA and telehealth is available from the external resources listed on DHCS' [Telehealth Resources](#) page.

The U.S. Department of Health and Human Services Office of Civil Rights (HHS-OCR) clarified that they will use enforcement discretion and will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules when providers use telehealth in good faith during the federal COVID-19 public health emergency. The HHS-OCR guidance states that providers can use any non-public facing remote communication product that is available to communicate with patients. Specifically, providers may use popular applications that allow for video chats, including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype to provide telehealth. 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. Please note that after the national public health emergency declaration expires, HHS-OCR may resume enforcement of regulatory requirements related to telehealth, including those that pertain to video chat applications. Additional guidance regarding HHS-OCR's HIPAA enforcement during the COVID-19 public health emergency can be found on [HHS-OCR's webpage](#).

[SAMHSA has also issued guidance](#) on 42-CFR Part 2 compliance during the emergency.

More information on telehealth can be found on the [DHCS Medi-Cal & Telehealth page](#) and the [DHCS Telehealth Resources page](#).

DHCS does not restrict the location of the provider while providing services via telehealth or telephone or of the beneficiary receiving the services. Providers may deliver services via telehealth or telephone from anywhere in the community, including outside a clinic or other provider site and beneficiaries may receive services via telehealth or telephone 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. Verbal or written consent for telehealth or telephone services shall be documented in the patient record.¹ The fact that a service was performed by telehealth or telephone 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, DMC and SMHS:

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

See [Mental Health Services Division Medi-Cal Billing Manual](#), pages 104-113 for more information regarding SMHS claims.

Services provided by telehealth or telephone may be provided and reimbursed by the following programs, details for each program are described below:

Drug Medi-Cal Organized Delivery System:

- The initial clinical assessment, including any determination of diagnosis, medical necessity, and/or level of care may be delivered through telehealth (synchronous audio and video interaction) or telephone (audio-only)

¹ See [BHIN 22-019](#) for information on Telehealth Consent.

synchronous interaction) interaction.

- Licensed providers and non-licensed staff may deliver services through telehealth or telephone, as long as the service is within their scope of practice.
- 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 telephone for a patient quarantined in their room in a residential facility due to illness).
- DMC-ODS individual and group counseling services may be delivered through telehealth or telephone.² (Examples of these services include patient education, crisis intervention, case management, and medication support services). The group size limit still applies for group counseling provided via telehealth or telephone.
- DHCS does not impose any limitations regarding telehealth flexibilities for the provision of medications for treating substance use disorder, commonly referred to as medication-assisted treatment, above and beyond applicable federal guidance. For example, SAMHSA issued [guidance](#) describing how waived buprenorphine prescribers working outside of the Narcotic Treatment Program (NTP) setting may prescribe buprenorphine to new and existing patients via telehealth and telephone. The SAMHSA guidance also outlines telehealth flexibilities available to NTPs, including the ability to treat new buprenorphine patients via telehealth, to treat existing buprenorphine and methadone patients via telehealth, and to dispense take home medications with new flexibilities. Please refer to [DHCS COVID-19 Frequently Asked Questions: Narcotic Treatment Programs](#) for additional information regarding these COVID-related flexibilities for NTPs.

DMC:

- DMC services, as defined in Welfare and Institutions Code (W&I) section 14124.24, provided by a licensed practitioner of the healing arts, or a registered or certified alcohol or other drug counselor or other individual authorized by DHCS to provide DMC services when those services meet the standard of care, and the requirements of the service code being billed, may be delivered through telehealth or telephone. The group size limit still applies

² Group counseling sessions may be conducted via telehealth and telephone if the provider obtains consent from all the participants and takes the necessary security precautions, in compliance with HIPAA and 42CFR Part 2.

for group counseling provided via telehealth or telephone.³

- A Drug Medi-Cal certified provider shall not establish a new patient relationship with a Medi-Cal beneficiary via asynchronous store and forward, telephone, remote patient monitoring, or other virtual communication modalities, except as set forth in W&I Code Section 14132.100(g)(4), which applies to DMC services provided by a Federally Qualified Health Center or Rural Health Center.
- Certain services, such as perinatal 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 telephone for a patient quarantined in their room in a residential facility due to illness).

Specialty Mental Health Services:

- The initial clinical assessment, including any determination of diagnosis and/or medical necessity for outpatient services may be delivered through telehealth or telephone.
- Individual or group SMHS may be delivered through telehealth or telephone. (Mental health services including, crisis intervention services, targeted case management, intensive care coordination, and medication support services may be provided via telehealth, telephone, or in-person).
- Licensed providers and non-licensed staff may provide services via telehealth or telephone, as long as the service is within their scope of practice.
- Certain services, such as crisis stabilization, day rehabilitation, day treatment intensive, 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 telephone for a patient quarantined in their room due to illness).

Mental Health Services Act (MHSA): Counties 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 (and submit claims to DHCS

³ Group counseling sessions may be conducted via telehealth and telephone if the provider obtains consent from all participants and takes the necessary security precautions, in compliance with HIPAA and 42 CFR Part 2.

for Federal Financial Participation for the services) must follow the Medi-Cal guidance for telehealth and telephone services in this information notice and meet all applicable Medicaid and MHPSA requirements.

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.

Telehealth Reimbursement: Rendering services via the telehealth or telephone modality does not change the payment methodologies or reimbursement rates to counties.

For any questions regarding this BHIN, please contact CountySupport@dhcs.ca.gov.

Sincerely,

Ivan Bhardwaj, Acting Chief
Medi-Cal Behavioral Health Division