

## BHS Policies and Procedures




City and County of San Francisco  
 Department of Public Health  
 San Francisco Health Network  
 BEHAVIORAL HEALTH SERVICES

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### Policy Title: **BHS Telehealth Services**

Approved By:

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Director of Systems of Care

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References: BHIN 23-018, BHIN 21-046; BHIN 21-003; [DHCS Telehealth Provider Manual](#) (Medicine: Telehealth); Business and Professions Code 2290.5; APL 23-007

**Last technical revision: February 2, 2024**

**Equity Statement:** The San Francisco Department of Public Health, Behavioral Health Services (BHS) is committed to leading with race and prioritizing Intersectionality, including sex, gender identity, sexual orientation, age, class, nationality, language, and ability. BHS strives to move forward on the continuum of becoming an anti-racist institution through dismantling racism, building solidarity among racial groups, and working towards becoming a Trauma-Informed/Trauma Healing Organization in partnership with staff, members, communities, and our contractors. We are committed to ensuring that every policy or procedure, developed and implemented, leads with an equity and anti-racist lens. Our policies will provide the highest quality of care for our diverse members. We are dedicated to ensuring that our providers are equipped to provide services that are responsive to our members' needs and lived experiences.

**Purpose:** Behavioral Health Services (BHS) adheres to State DHCS guidance in administering telehealth services for SMHS and DMC ODS. This policy augments DHCS guidance and provides additional information for local implementation.

**Scope:** This policy applies to all Behavioral Health Service (BHS) providers within the San Francisco Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS) Plan networks.

**Background:** The use of telehealth in BHS delivery advanced rapidly during the Covid-19 pandemic. Since the pandemic, telehealth has remained a viable modality for effective care in BHS.

### Definitions:

- Telehealth: Encompasses both telehealth with video and telehealth (audio only).
- Telehealth with video: synchronous service rendered via a real-time interactive audio and video interaction.
- Telehealth (audio only): Audio-only synchronous (synchronous service rendered via telephone or other real-time interactive audio-only interaction).

**Policy:**

BHS supports the delivery of behavioral health services through telehealth. California law defines telehealth as “a 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 health care provider is at the distant site.”

Telehealth is not a distinct service, but an allowable mechanism to provide clinical services. The standard of care is the same whether the member is seen in-person, by telephone, or through telehealth with either video or audio-only. Members may receive services via telehealth in their home or other chosen location. In the event of technology failure, providers should have an alternative way to provide the service.

Providers should also work within their current and appropriate telecommute agreements.

Medi-Cal's telehealth policy<sup>1,2</sup> gives providers flexibility to determine if a particular service or benefit is clinically appropriate to be delivered via telehealth-with-video, two-way, real-time communication, or e-consult based upon evidence-based medicine and/or best practices. Examples of some scenarios in which telehealth may not be clinically appropriate can be found in Appendix 1. The reasons for delivering a service via telehealth modality over in-person care should be documented in the health record. Services must meet the procedural definitions and components of the CPT or HCPCS code.

**Privacy & Security Requirements**

BHS telehealth systems adhere to all privacy and security requirements contained in the federal Health Insurance Portability and Accountability Act (HIPAA), 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. While there are no limits on the type of distant sites, providers are required to ensure and maintain member privacy in any location from where they are delivering services. Refer to DPH Privacy policy.

**Member Consent**

BHS providers must first inform members about the use of telehealth. Then, they will obtain and document verbal or written consent from the member for the use of telehealth with video as an acceptable mode of delivering health care services. Telehealth (audio only) also requires member consent<sup>3</sup>.

Programs should maintain a general consent agreement that specifically mentions use of telehealth as an acceptable modality for delivery of services. The consent shall be documented in the member’s medical file (B&P Code, Section 2290.5(b)) and be available to BHS and the Department of Health Care Services (DHCS) upon request.

Sample Consent Statement for Providers:

*"I conducted this session using a live telehealth connection between my location and the member's location. Prior to initiating this session, I obtained the member's verbal consent for use of telehealth tools for the purpose of this visit. All member questions pertaining to the pros and cons of telehealth were addressed. The names and roles of participants other than myself: XXX, etc."*

All of the following shall be communicated by the BHS provider to the Medi-Cal member, in writing or verbally, on at least one occasion prior to or preceding the delivery of one or more health care services via telehealth:

- The right to access covered services in person,
- The use of telehealth is voluntary and that their consent for its use can be withdrawn at any time without affecting their ability to access covered services in the future,
- An explanation of the availability of Medi-Cal coverage for their non-medical transportation benefits to participate in-person visits when other available resources have been reasonably exhausted,
- Any potential limitations or risks related to receiving covered services through telehealth as compared to an in-person visit, if applicable.

Refer to Appendix 2.

### **Billing**

Telehealth is reimbursable under Medi-Cal. Service documentation should be completed in the member treatment file in the same manner the provider would for an in-person visit and include the appropriate location and modality of service for which services were provided.

The appropriate telehealth modifiers listed in BHIN 23-018 for outpatient services will be added by the billing system on the back end. For more information, refer to the DHCS billing manual.

### **BHS E-Consults**

Also allowable under DMC-ODS and MHP are e-consult services, which are described as asynchronous health record consultation services that provide an assessment and management service when the member's provider requests the opinion and/or treatment advice of another health care practitioner (i.e., consultant) with specific specialty expertise to assist in the diagnosis and/or management of the member's health care needs without member face-to-face contact with the consultant. E-consults between providers are designed to offer coordinated multidisciplinary case reviews, advisory opinions, and recommendations of care.

### **Assessment of 72-Hour Involuntary Detentions**

Per an amendment to the Lanterman Petris-Short (LPS) Act, 5151 mental health assessments can be conducted via telehealth using synchronous audio and visual components.

AB 3242 now allows for the performing of evaluation functions and holds commencing with Section 5000 of the W&I Code to be conducted via telehealth with video. More specifically, required assessments under W&I Code section 5151 may now be completed using telehealth with video. The examination or assessment shall be consistent with the county's authority to designate facilities for evaluation and treatment, pursuant to sections 5150 and 5404 of the W&I Code.

**Contact Person:**

BHS Chief Medical Officer and Director of Systems of Care.

**Distribution:**

BHS Policies and Procedures are distributed by BHS Quality Management and Regulatory Affairs.

Administrative Manual Holders

BHS Programs

SOC Managers

BOCC Program Managers

CDTA Program Managers

**Appendix 1:**

Members for whom telehealth sessions are not appropriate:

- Members with unstable phone or internet connections.
- Members who prefer in-person services.
- Members with more severe or complex conditions.
- Members at higher risk of needing urgent, immediate intervention.
- Members who have difficulty accessing private and/or safe spaces.
- Members who require monitoring of side effects related to medication(s).
- Members whose age or developmental stage makes telehealth suboptimal.
- Members engaging in therapeutic modalities that make telehealth suboptimal, such as family therapy.

**Appendix 2:**

Risks

- The internet/phone connection may not be stable, or it may stop working during the session.
- A telephone session does not allow the provider to assess the member's expression or other important visual data (e.g., bruises or medication side effect like a rash).
- A provider will not be able to intervene immediately in a crisis.
- Some members will feel that telehealth negatively impacts the therapeutic alliance.

Benefits

- Convenience: Members will not have to travel to a clinic for treatment.
- Telehealth improves accessibility, which may result in improved show-rates.

**Footnotes:**

<sup>1</sup> BHIN 23-018, page 2

<sup>2</sup> All Plan Letter (APL) 23-007, page 2

<sup>3</sup> DHCS Telehealth Provider Manual, page 3