



CCT PL: 23-001

DATE: September 11, 2023

TO: All California Community Transitions Lead Organizations

SUBJECT: Telehealth Policy

PURPOSE

This Policy Letter (PL) provides guidance to California Community Transitions (CCT) Lead Organizations (LO) on the post Novel Coronavirus Disease (COVID-19) Public Health Emergency (PHE) telehealth policy.

BACKGROUND

In response to the COVID-19 pandemic, the California Department of Health Care Services (DHCS) requested authorization from the Centers for Medicare & Medicaid Services (CMS) to temporarily modify service delivery methods used under California's Money Follows the Person Rebalancing Demonstration grant program, known as CCT. To prevent CCT enrollees and participants from being exposed to COVID-19 and to reduce the impact of the pandemic on the population, DHCS requested and received CMS' approval of temporary modifications to CCT service delivery methods, including providing services via telehealth. Additionally, pursuant to Section 380 of Assembly Bill (AB) 133¹ (Committee on Budget, Chapter 143, Statutes of 2021), DHCS convened a Telehealth Advisory Workgroup² for the purposes of informing the 2022 – 2023 Governor's Budget and the development of post-PHE telehealth policies. The Department has since updated its permanent telehealth policies, which are reflected in the Department's Telehealth Policy Paper,³ Telehealth Executive Summary,⁴ DHCS Telehealth Provider Manual,⁵ and in Assembly Bill No. 184,⁶ and Assembly Bill No. 32.⁷

¹ [Assembly Bill \(AB\) 133](#)

² [Telehealth Advisory Workgroup](#)

³ [Telehealth Policy Paper](#)

⁴ [Telehealth Executive Summary](#)

⁵ [DHCS Telehealth Provider Manual](#)

⁶ [Assembly Bill No. 184](#)

⁷ [Assembly Bill No. 32](#)



POLICY

In alignment with California Welfare and Institutions Code section 14132.725, CCT services can be provided pursuant to California's Medi-Cal's Telehealth Policy and as agreed upon by the applicant, beneficiary, legal representative, and provider. All CCT LOs rendering Medi-Cal covered benefits or services under this policy must comply with all applicable state and federal laws.

Telehealth delivery services must meet Health Insurance Portability and Accountability Act (HIPAA) requirements. CCT services provided via telehealth must also comply with the following requirements:

1. Participants must be allowed to choose to receive services via telehealth or in-person.
2. Services provided via telehealth must meet the individual's needs, as included in their person-centered transition and care plan.
3. The service is clinically appropriate to be provided through telehealth modalities according to the evidence base, best practices, or prevailing standards of care. Additionally, the telehealth service must meet the procedural definition of the Current Procedural Terminology (CPT), or Healthcare Common Procedure Coding System (HCPCS) code associated with the service, as well as follow any additional guidance provided by DHCS.
4. Services will only be provided via telehealth if the needs of the beneficiary can be met remotely. Telehealth must not replace in-person care. If beneficiary's needs cannot be met via telehealth, in-person assistance is required to support their health and safety.
5. Services provided via telehealth must be delivered in a way that respects the privacy of the individual, especially in the instances of toileting, dressing, etc.
6. The CCT LO must inform the beneficiary prior to the initial delivery of telehealth services about the use of telehealth and obtain consent from the individual for the use of telehealth as an acceptable modality of delivering health care services. If personal care is needed while telehealth was being provided, the individual and/or person supporting the individual would conduct personal care activities out of the line of sight of the telehealth provider, turn off video/audio communication during that time, or reschedule the telehealth visit. If the telehealth includes video cameras and/or monitoring devices, privacy must be protected. In instances where privacy cannot be secured by the individual, the telehealth provider must pause the telehealth service until confirming it is appropriate to resume.
7. Providing the service via telehealth must not impede, replace, or prevent the successful delivery of Home and Community Based Services (HCBS) to individuals who need hands-on assistance/physical assistance.
8. Support must be provided to individuals who need assistance with using the technology required for the delivery of the HCBS via telehealth. The individual's

person-centered planning team is responsible for determining the extent of training necessary for the individual to access their services remotely, and for ensuring that the necessary training is provided and understood by the individual or legal guardian. Family members may also be eligible for training, as appropriate, to support the provision of services if determined to be beneficial for the individual. If the individual is unable to properly utilize the technology, with or without assistance, then telehealth is not appropriate.

Should you have any questions about the content of this PL, please contact the CCT Program Director, at (916) 713-8304, or California.CommunityTransitions@dhcs.ca.gov

Sincerely,

ORIGINAL SIGNED BY

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