

Requirements and Procedures for the Medi-Cal Enrollment of Providers Offering Services Remotely or Indirectly from their Business Address

The Department of Health Care Services (DHCS) is establishing Medi-Cal provider enrollment requirements and procedures for providers seeking enrollment for services offered indirectly from their business address. Effective March 24, 2023, providers who meet the requirements of this bulletin will be exempt from certain established place of business requirements that have been deemed unnecessary for two modes of service: (1) remote service providers who offer mental health services exclusively through telehealth modalities, and (2) transportation providers located in California.

In accordance with Welfare & Institutions (W&I) Code Section 14043.75(b), the Director is establishing enrollment requirements and procedures for providers offering Medi-Cal covered mental health services exclusively through telehealth modalities, including non-specialty mental health services (NSMHS) covered under Medi-Cal Fee-For-Service and Medi-Cal Managed Care Plans and Specialty Mental Health Services (SMHS) covered by county mental health plans, and for Non-Emergency Medical Transportation (NEMT) and Non-Medical Transportation (NMT) providers. These requirements implement and make specific W&I Code Section 14043.26 and as such have the full force and effect of law.

This bulletin applies only to remote service providers who offer mental health services, including NSMHS and SMHS, exclusively through telehealth modalities and NEMT and NMT providers working from or residing in California or a border community. For the purposes of this bulletin, “border community” means border areas adjacent to the State of California where it is customary practice for California residents to use medical resources in adjacent areas outside the state. Under these circumstances, program controls and limitations are the same as for services rendered by health care providers within the state. To enable greater beneficiary access to care, these providers will be exempt from specific established place of business requirements that are unnecessary for these modes of service.

The requirement set forth in California Code of Regulations (CCR), Title 22, Section 51000.4 is modified for these providers to permit the use of a cellular telephone as the primary business phone.

Requirements and Procedures for Enrollment of Providers Offering Services Exclusively through Telehealth Modalities

Business and Professions (B&P) Code Section 2290.5 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 patient’s health care.

For the purposes of this bulletin, remote service providers offering services, exclusively through telehealth modalities shall offer video synchronous interaction of

NSMHS and SMHS that are typical of the mental health provider types included in this bulletin.

B&P Code Section 2290.5(a)(5) defines “synchronous interaction” as a real-time interaction between a patient and a health care provider. Thus, video synchronous interaction is real-time interaction with a patient by video.

DHCS considers telehealth a cost-effective alternative to health care provided in-person.¹ The standard of care is the same whether the patient is seen in-person or through telehealth modalities. In accordance with W&I Code Section 14132.72(e), for the purposes of payment for covered treatment or services provided through telehealth modalities, DHCS shall not limit the type of setting where services are provided for the patient or by the health care provider.

The health care provider determines if a benefit or service is clinically appropriate to be provided through the telehealth modality, subject to consent by the patient. DHCS retains the sole discretion to determine the types of health care services that may be provided through telehealth modalities for Medi-Cal beneficiaries, and accordingly approve or deny Medi-Cal enrollment for remote service applicants or providers.

This bulletin allows the following provider types to apply for enrollment as remote service-only providers:

- Licensed Clinical Social Workers;
- Licensed Marriage and Family Therapists;
- Licensed Professional Clinical Counselors;
- Nurse Practitioners specializing in Psychiatry;
- Physicians specializing in Psychiatry; and
- Psychologists

Remote service providers requesting consideration for enrollment in the Medi-Cal program must complete and submit an application for their appropriate provider type through the Provider Application and Validation for Enrollment ([PAVE](#)) portal with the required supporting documents and a completed and signed Remote Services-Only Provider Attestation.

Waived Requirements Outlined in CCR, Title 22, Sections 51000.4 and 51000.60 for Remote Service Providers who Offer Mental Health Services, including NSMHS and SMHS, Exclusively Through Telehealth Modalities

¹ For more information regarding Medi-Cal and telehealth, please see:
<https://www.dhcs.ca.gov/provgovpart/Pages/Telehealth.aspx>

The requirement set forth in CCR, Title 22, Section 51000.4 is modified to permit the use of a cellular telephone as the primary business phone for remote service providers who offer mental health services, including NSMHS and SMHS exclusively through telehealth modalities.

Established place of business requirements set forth in CCR, Title 22, Section 51000.60(c)(9) will be waived for providers who offer mental health services exclusively through remote services. The waived requirements are:

- (a) Regular and permanently posted business hours;
- (b) Is identifiable as a medical/health care provider or business, by permanently attached signage that identifies the name of the provider or business as shown on the application; and
- (c) Obtains and maintains Liability insurance coverage, that covers premises and operation, in an amount not less than \$100,000 per claim, with a minimum annual aggregate of not less than \$300,000, from an authorized insurer pursuant to Section 700 of the Insurance Code.

Remote Service-Only Provider Attestation Procedures

For the established place of business requirements outlined above to be waived, the following attestation must be attached to the Medi-Cal Provider e-Form Application in [PAVE](#). **Providers will upload the signed attestation in the general liability insurance field in lieu of a copy of a general liability insurance policy.**

I _____, attest that I will be providing services exclusively
(Name of applicant or provider)

through the telehealth modality and that Medi-Cal beneficiaries will not be seen at the business address on my application. I will be billing the Medi-Cal program only for services clinically appropriate to be provided remotely through the telehealth modality and in accordance with the DHCS telehealth policy, which includes but is not limited to, provisions to become effective on January 1, 2024, that address the requirements of Medi-Cal providers furnishing services through video synchronous interaction or audio-only synchronous interaction to also offer those 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 a patient to independently contact a different provider to arrange for that care. By submitting this application, I acknowledge that this attestation is incorporated into my application by reference.

Attested to on _____ of _____, _____.
(Day) (Month) (Year)

By: _____

(Printed name and title of person authorized to legally bind the applicant or provider)

Waived Requirements Outlined in CCR, Title 22, Sections 51000.4 and 51000.60 for NEMT and NMT Providers.

The requirement set forth in CCR, Title 22, Section 51000.4 is modified to permit the use of a cellular telephone as the primary business phone for NEMT and NMT providers located in California.

Established place of business requirements set forth in CCR, Title 22, Section 51000.60(c)(9) will be waived for NEMT and NMT providers located in California. The waived requirements are:

- (a) Regular and permanently posted business hours;
- (b) Is identifiable as a medical/healthcare provider or business, by permanently attached signage that identifies the name of the provider or business as shown on the application; and
- (c) Obtains and maintains Liability insurance coverage, that covers premises and operation, in an amount not less than \$100,000 per claim, with a minimum annual aggregate of not less than \$300,000, from an authorized insurer pursuant to Section 700 of the Insurance Code.

Procedures for NEMT and NMT Providers Located in California Applying for Medi-Cal Enrollment

All NEMT and NMT provider applicants requesting consideration for enrollment in the Medi-Cal program must complete and submit an application for their appropriate provider type through [PAVE](#). Please note that providers may upload a blank document in the general liability insurance field.