



March 15, 2022

DHCS Telehealth Advisory Workgroup
California Department of Health Care Services
1501 Capitol Avenue Sacramento, CA 95814

CHAIRPERSON
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EXECUTIVE OFFICER
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- **Advocacy**
- **Evaluation**
- **Inclusion**

Dear Telehealth Advisory Workgroup:

The California Behavioral Health Planning Council thanks you for the opportunity to comment on the Telehealth Policy Proposal. Pursuant to state law, the Council serves as an advisory body to the Legislature and Administration on the policies and priorities that this state should be pursuing in developing its behavioral health system. Our membership includes persons with lived experience as consumers and family members, professionals, providers, and representatives from state departments whose populations touch the behavioral health system.

The Council's Systems and Medicaid Committee (SMC) supports the use of telehealth as it strives to improve access, equity, and increases flexibility for service delivery in the public behavioral health system. The committee appreciates having an opportunity to review this proposal and are providing input and recommendations that we believe will strengthen the Telehealth Policy Proposal to ensure consumers of the public behavioral health system are able to access and receive high-quality services to lead full and purposeful lives. These recommendations encompass providing culturally appropriate and responsive care with respect to all populations including but not limited to, immigrant and refugees, children and families, LGBTQI2S and various cultural and ethnic populations.

Provided below are the committee's recommendations for the proposed Telehealth Policy on behalf of the California Behavioral Health Planning Council:

Policy Areas: Payment Parity and Virtual Communications and Check-ins

The SMC appreciates the policy to have parity for in-person and video communications across delivery systems. However, the committee **opposes** the proposal to exclude payment parity for virtual communications such as web-based modalities/interfaces, live chats, e-consults, etc. The policy proposal indicates that brief virtual communications are allowed for physical health but there is no mention for behavioral health.

Recommendation: The SMC requests that there be parity between behavioral health and physical health systems. Behavioral health service delivery should have parity to reimburse for brief virtual communications. This will support parity with the physical health system as well as existing consumer needs for similar brief exchanges.

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Policy Area: Establish New Patients via Telehealth

The SMC is supportive of the exception for Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs) to establish new patients via video, audio-only, or asynchronous telehealth modalities. The committee supports continuing to allow new patients to be established through these modalities as this policy strives for equity in accessing care.

The SMC **opposes** the proposal to prohibit the establishment of new patient relationships via audio-only telehealth modalities in non-FQHC/RHC delivery systems. Some patients have very limited data plans on their mobile devices, do not have mobile phones with video, experience limited broadband, or have poor digital literacy. These patients include but are not limited to individuals of historically underserved racial and ethnic backgrounds, older adults, LGBTQIAS populations, and patients who live in hard-to-reach areas. Thus, the exclusion of audio-only telehealth becomes a barrier to equity in accessing high-quality health care.

Recommendations:

- The SMC requests that audio-only telehealth be allowable to establish new patients across delivery systems, including county Mental Health Plans. This will increase access to services for California's most underserved or unserved populations and help bridge gaps in equity to accessing high-quality health care.
- School mental health services have expanded telehealth modalities through Managed Care Plans, FQHCs, and other contracted providers during the public health emergency. Therefore, we are seeking DHCS to clarify the exceptions to the audio-only telehealth policy.
- The SMC requests that DHCS also clarify the definition of "certain protections" to establish a relationship with new patients in-person or via video telehealth visits. We are unclear on what these certain protections are.

Policy Area: Telehealth Modifiers

The policy states that there is no distinct modifier guidance for audio-only encounters and Specialty Mental Health, Drug Medi-Cal, and Drug Medi-Cal Organized Delivery System (DMC-ODS) counties are required to bill for services delivered via video and audio-only using specific modifiers.

Recommendation: The SMC recommends that DHCS add a modifier for audio-only encounters rather than create a difference in parity for physical health and behavioral health billing and services. This will help support the goal to align and streamline modifier use across all delivery systems, as well as support parity across delivery systems.

Policy Area: Third Party Corporate Telehealth Providers

The policy states that DHCS has a different reporting and oversight infrastructure than the Department of Managed Health Care, which oversees implementation of AB 457 for Knox-Keene licensed plans.

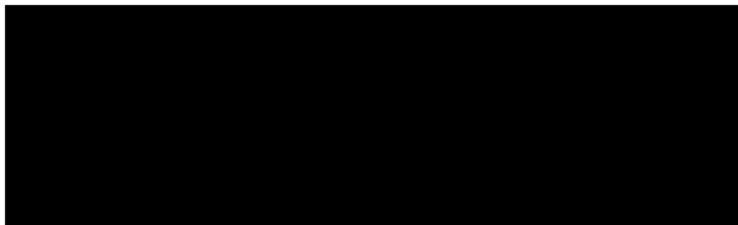
Recommendation: The SMC requests clarification on what the difference is for telehealth practices for county Mental Health Plans (MHP) and Managed Care Plans (MCPs). There is likely to be confusion for beneficiaries if the No Wrong Door Policy via telehealth is implemented differently by providers. For example, is a first telehealth visit in schools allowable via the MCP but not allowable under the MHP? We ask that DHCS clarify this policy and align the policy to support the principles of the CalAIM Initiative's No Wrong Door Policy.

We hope that the recommendations put forth in this letter are taken into consideration as the Department of Health Care Services finalizes the Telehealth Policy Proposal. It is promising to see many policies that were first introduced during the COVID-19 pandemic be made permanent through this policy proposal. We appreciate the opportunity to submit comments, and ask to be included in conversations hosted on this topic. If you have any questions, please contact Jane Adcock, Executive Officer, at Jane.Adcock@cbhpc.dhcs.ca.gov.

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