

Remote Enrollment Comment Log

Page Number/Policy	Written Comment	DHCS Response
N/A	Can the CEC form be sent to a client for completion and e-signature via an e-signature platform, such as DocuSign or Adobe Signature?	No, the CEC form must be completed via synchronous modality. The provider may obtain a client's signature on the CEC form electronically.
N/A	Can a Superbill be completed/created using such platforms as well?	The Superbill is a billing "tool." It is not a required form of the program. Providers may use any template that adequately documents medical records for services billed for reimbursement under the Family PACT Program.
N/A	Comment made in support of remote enrollment in FPACT.	Thank you for your comment.
Page 1-2	<p>[Organization] strongly urges DHCS to continue allowing providers to document a patient's verbal consent to sign on their behalf and to continue allowing the option to utilize an electronic signature service to obtain a patient's electronic signature on the CEC or REC form after the synchronous interaction concludes.</p> <p>Since March 2020, under the state and federal COVID-19 PHE, DHCS has allowed Family PACT providers to obtain verbal consent to sign the Client Eligibility Certification (CEC) form (DHCS 4461) on a client's behalf and document the client's verbal consent in the signature field. DHCS has also allowed Family PACT providers to use an electronic signature service (such as DocuSign) to obtain the client's electronic signature after the completion of the CEC form. During the past 21 months, these flexibilities have been invaluable for patients and providers, and we strongly encourage DHCS to continue allowing these options on a permanent basis.</p> <p>We are concerned that many providers lack the necessary technology to capture and record an oral or electronic signature in real-time. In fact, many Electronic Medical Record (EMR) systems are not capable of recording and storing a patient's oral signature. Patients may also lack access to the technology necessary to provide an electronic signature, especially if they are relying on telephonic communication. For these reasons, requiring real-time recorded oral or electronic signatures could impose burdensome technology and staffing costs, decrease access for patients with limited resources, and increase the time it takes to complete an eligibility determination. These burdens would also disproportionately harm smaller clinics and independent safety-net providers, and it could prevent many of them from being able to offer remote eligibility determination to Family PACT patients.</p> <p>To protect the progress made in reducing barriers and expanding equitable access to Family PACT services, [Organization] strongly urges DHCS to amend the draft policy to permanently adopt the current client signature policies for remote enrollment allowed under the PHE.</p>	After the end of the COVID-19 Public Health Emergency (PHE), DHCS will not continue the flexibility that allows providers to document a client's verbal consent on their behalf. A provider may obtain a client's signature on the CEC form electronically.
Page 1-2	<p>[Organization] requests flexibility for providers to securely store a recorded oral signature and to document its location in the patient's medical record.</p> <p>As described above, we are concerned that many Family PACT providers currently do not have Electronic Medical Record (EMR) systems capable of capturing and storing video or audio recordings directly in the patient's medical record.</p>	Providers may securely store a recorded oral signature and document its location in the client's medical record. Providers must ensure that they are able to store and easily access a record of the oral signature.
Page 1	<p>[Organization] urges DHCS to update the policy to clarify that telephonic communications are a type of synchronous interaction and not a distinct or separate telehealth modality.</p> <p>The current draft policy language uses "synchronous or telephonic modalities" when describing permitted methods for remote enrollment. However, as the proposed policy also notes, current statute defines "synchronous interaction" to mean a real-time interaction between a patient and a health care provider located at a distant site. Under this definition, a synchronous interaction includes telephonic (audio-only) communications. To avoid confusion and ensure consistency with existing statute and policy, [Organization] requests that the policy be amended to use the following language: "synchronous interactions, including video and telephonic (audio-only) modalities."</p>	DHCS has updated the policy.
Page 2	<p>[Organization] recommends that Family PACT patients be given a choice whether to read the Privacy Statement themselves or have it recited to them.</p> <p>While [Organization] appreciates the importance of informing patients about the contents of the Privacy Statement, we are concerned about the draft policy requiring providers to recite the Privacy Statement to every patient. Although a patient may be remote, they could still have access to the written Privacy Statement via a patient portal, web link, or other method. Many patients may prefer to read the Privacy Statement rather than have it read to them, especially if they have a language barrier, time constraint, or confidentiality concern. We are also concerned that requiring the policy to be recited would significantly extend the time it takes to complete the eligibility process, which may deter patients from completing the process and delay access for other patients. For these reasons, [Organization] recommends amending the policy to require that providers offer patients the choice to have the Privacy Statement recited to them or to have a copy provided to them.</p>	Prior to obtaining an applicant/client's signature, providers must recite the Privacy Statement (" <i>This information will be used to see if you are enrolled in any state health program. Information will also be used to monitor health outcomes and for program evaluation purposes. Your name will not be shared. Each individual has the right to review personal information maintained by the provider unless exempt under Article 8 of the Information Practices Act</i> ") to each applicant/client.

Page 2	<p>[Organization] recommends additional language to clarify that patients have a choice whether to receive copies of the Notice of Privacy Practices, Nondiscrimination Policy, and/or REC form (DHCS 4001).</p> <p>It is our understanding from the draft policy Family PACT providers would be required to offer these documents to the patient, but the provider would only need to arrange for the patient to receive them if the patient requests. If that is accurate, we are still concerned that other providers may find the language confusing. We believe it could be made clearer by replacing "If applicable" on page 3, line 1 of the policy with "If the client requests to receive any of these documents...".</p>	DHCS has updated the policy to clarify applicants/clients have a choice whether to receive copies of the Notice of Privacy Practices and Nondiscrimination Policy. The REC form (DHCS 4001) must be provided to the client.
N/A	Is the enrolling Family PACT provider also permitted to use an electronic signature on the CEC and REC form?	Yes, a provider may use an electronic signature on the CEC and REC forms.
N/A	What must a provider do if a Family PACT patient requests to receive the Notice of Privacy Practices, Nondiscrimination Policy, and/or REC form at the health center, but does not show up to receive them?	The provider would document in the client's medical record the attempts made to ensure clients receive their requested documents.
Page 1-2	We appreciate that the draft remote enrollment policy would allow Family PACT providers to obtain the applicant/client's signature through a number of ways, including using electronic signatures or recording the client's voice over the phone or through video. However, the proposed policy does not include the method established during the COVID-19 public health emergency (PHE) under which clients can verbally consent to have the provider sign on their behalf without being recorded. Not all Family PACT providers are currently equipped to capture client signatures through the methods outlined in the draft policy. In cases where the client is unable to submit an electronic signature and the provider lacks the capacity to record a verbal signature, providers should be able to obtain consent to sign on behalf of the client. For these reasons, the draft policy must be amended to include the current client signature policies for remote enrollment allowed under the PHE.	This flexibility will not be extended once the COVID-19 PHE has ended.
Page 2: "Recorded or signature: Providers must ensure that they are able to collect an audio or video recording that can be stored in the client's medical record and retrieved upon request. Providers may use either of the following options for audio or video-recorded signatures."	In order to reassure individuals in need of confidential sexual and reproductive health services that their privacy will remain protected, clients must maintain the right to not show their face in video recordings while giving their oral signatures. Clients must be allowed to block their face or keep their video camera turned off while being recorded. For these reasons, the draft policy must be amended to clarify that providers are not required to capture the client's face in the video recording of the oral signature.	Thank you for your comment. The policy was not amended to clarify that providers are not required to capture the client's face in the video recording of the oral signature.
Page 2: "Electronic signature: Providers may obtain an electronic signature. Consistent with the Uniform Electronic Transactions Act, California Civil Code Section 1633.2, an "electronic signature" is an electronic sound, symbol or process attached to or logically associated with an electronic record and executed or adopted by a person with the intent to sign the electronic record. An electronic signature includes a "digital signature," defined in subdivision (d) of Section 5 of the Government Code, to mean electronic identifier, created by computer, intended by the party using it to have the same force and effect as the use of a handwritten signature."	<p>Capturing photos or still images are appropriate methods of obtaining an applicant/client's signature or consent to signature that are not explicitly outlined in the draft policy. Examples of capturing images that can be saved in the client's medical record include:</p> <ul style="list-style-type: none"> - Providers may take a photo of the client holding a paper (while covering their face) containing their signature up to the video camera; - Clients can type their signature or consent to sign via a patient portal chat box and the provider may capture a photo of the chat box; and - Clients can upload images containing their signature and date into the patient portal. <p>It is unclear whether photos obtained in the manners listed above would qualify as "Electronic signatures" as described in the draft policy. To ensure clarity, the remote enrollment policy must explicitly state that providers can obtain photos and images capturing the date and signature or consent to sign that don't contain the client's face, and save them in the client's medical record.</p>	Photos obtained in the manner described would not qualify as "electronic signatures" as described in the policy or would be acceptable to DHCS.

<p>Page 2:</p> <p>“Regardless of the method used to obtain the signature on the CEC form (DHCS 4461) or REC form (DHCS 4001), providers must recite the Privacy Statement to ensure the applicant/client was:</p> <ol style="list-style-type: none"> 1) Informed of the California health insurance affordability programs through Covered California; 2) Offered a copy of the Notice of Privacy Practices, Providers must document the date the Notices received or declined in the client’s medical record; 3) Provided the Nondiscrimination Policy; and 4) Provided, if applicable, the original REC form (DHCS.” 	<p>Requiring providers to recite the Privacy Statement to the applicant/client when enrolling or recertifying into the program remotely would extend the process longer than necessary and may cause harm to clients that face privacy and confidentiality barriers. Clients with time-limited privacy (for example, a young person attempting to enroll via phone before a parent returns home) could be deterred from remaining on the call/video long enough to complete the application process or set an appointment to receive care. Many clients are also pressed for time due to work and childcare obligations. Providers should be required to offer Family PACT applicants/clients the option to listen to them recite the statement, rather than requiring them to do so.</p> <p>The language regarding ensuring the client was “provided” the Nondiscrimination policy is also vague. It is unclear whether providers are required to automatically arrange for clients to receive the Nondiscrimination policy document, or if providers must first offer to provide the document to the client. For these reasons, OFP should revise the section to read as follows:</p> <p>“Regardless of the method used to obtain the signature on the CEC form (DHCS 4461) or REC form (DHCS 4001), providers must:</p> <ol style="list-style-type: none"> 1) Offer to recite the Notice of Privacy Practices or provide a copy to the client. Providers must document the date the notice was declined or received in the client’s medical record; 2) Offer to inform clients of the California health insurance affordability programs through Covered California; 3) Offer to provide a copy of the Nondiscrimination Policy; and 4) If applicable, offer to provide the original REC form (DHCS 4001).” 	<p>Prior to obtaining an applicant/client's signature, providers must recite the Privacy Statement to each applicant/client.</p> <p>DHCS will clarify the policy regarding the Notice of Privacy Practices and Nondiscrimination Policy.</p>
<p>Page 3:</p> <p>“If applicable, Family PACT providers must arrange for the client to receive the Notice of Privacy Practices, Nondiscrimination Policy, and/or REC form (DHCS 4001). Options include, but are not limited to, in-person pick up, ending via electronic mail, or mailing to the client’s home or mailing address. If clients choose to receive the Notice of Privacy Practices, Nondiscrimination Policy, or REC form (DHCS 4001) through the mail, the provider must receive and document the expressed consent of the client to mail it, and must ensure that the address is verified as a valid address.”</p>	<p>The use of the phrase “if applicable” is confusing and could cause providers to believe they are required to send the documents even if the client did not request copies. Additionally, it is concerning that the Family PACT program is proposing a dramatic departure in the program’s long-standing policy against having anything sent to the client’s address related to Family PACT services as it could breach their confidentiality and potentially expose them to harm. Harm could still take place even if the client initially requested and agreed to having documents mailed to them.</p> <p>For these reasons, the final remote enrollment policy must delete the term “if applicable” and re-word the sentence to clearly state that providers should only arrange for the documents to be provided if the applicant/client requests to receive the documents. Clients should also be given the choice to be directed to a webpage where the Notice of Privacy Practices and Nondiscrimination Policy can be easily accessed, and the option to mail the documents to the client’s address should be removed.</p> <p>Additional comment: We would like to see “posting the documents to an online patient portal” added just before “in-person pick up” or later in that sentence. This is how many physicians communicate with their patients today.</p>	<p>DHCS has clarified the policy regarding the Notice of Privacy Practices and Nondiscrimination Policy; however, the option to mail the documents to the client’s address is retained.</p>
<p>Page 3:</p> <p>“Family PACT providers must provide the client with their HAP card number and arrange for the client to receive their HAP card to ensure the client has continued access to pharmacy, laboratory services, and other Family PACT covered benefits.”</p>	<p>Although this provision represents a departure in the program’s long-standing policy against having anything sent to the client’s address related to Family PACT services, we acknowledge that giving clients the option to have the HAP card mailed to them is a valid option given the nature of obtaining services via telehealth.</p>	<p>Thank you for your comment.</p>
<p>Page 3:</p> <p>“If the applicant/client is deemed ineligible for Family PACT, the applicant/client must receive a copy of the CEC form (DHCS 4461), which includes the Fair Hearing Rights. Options include, but are not limited to in-person pick up, sending an electronic mail, or mailing to the client’s home or mailing address. If mailed, the provider must receive and document the express consent of the client to mail, and must ensure that the address is verified as a valid address.”</p>	<p>We appreciate the intent of the provision to ensure the applicant/client is well informed of their Fair Hearing Rights. As previously stated, Family PACT applicants/clients should be given the choice of whether to receive documents in order to protect their privacy.</p> <p>The final remote enrollment policy must include revised language in the section noted above that requires providers to first offer to provide the documents, and include an option where the applicant can be directed to a webpage to access the Fair Hearing Rights document and then offered to be provided with the CEC form copy.</p>	<p>The CEC form includes the Fair Hearing Rights, and both must be provided to the applicant/client if they are deemed ineligible for Family PACT. Providers have several options to ensure the applicant/client receives the documents in the timely manner of their choosing that protects their confidentiality.</p>