

Appropriate Use of Telehealth for Mobile Crisis Teams

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M-TAC

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David Eric Lopez and Danielle Raghieb have certified that they have no relevant relationships with any commercial or nonprofit organizations that represent a conflict of interest.

Mobile Crisis Services

- » *Mobile crisis services provide rapid response, individual assessment and community-based stabilization to Medi-Cal members who are experiencing a behavioral health crisis. Mobile crisis services are designed to provide relief to members experiencing a behavioral health crisis, including through de-escalation and stabilization techniques; reduce the immediate risk of danger and subsequent harm; and avoid unnecessary emergency department care, psychiatric inpatient hospitalizations and law enforcement involvement.*



A New Direction for Mobile Crisis Services

- » Change mobile crisis services so that the response is more resolution-focused and works to provide relief to people in crisis in the community.
- » Support people in crisis where they are, while using the least restrictive means necessary.

A New Direction for Mobile Crisis Services



» Mobile crisis services should be:

- Person-centered
- Trauma-informed
- Equity-driven
- Brief intervention: de-escalation and resolution focused
- Working from a lens of least restrictive interventions
- Culturally responsive, linguistically appropriate, and accessible

Welcome and Introductions



Today's Presenters



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Agenda

- » Welcome and Introductions
- » Definitions of Telehealth Services
- » Review of BHIN 23-025: Requirements for Appropriate use of Telehealth for Mobile Crisis Teams
- » CA Telehealth Standards of Care, including Health Insurance Portability and Accountability Act (HIPAA) and Confidentiality
- » Telehealth and Mobile Crisis Services
- » Benefits and Challenges of Telehealth for Mobile Crisis Teams
- » This training will provide an overview of the appropriate use of telehealth for mobile crisis teams and the requirements outlined in the Medi-Cal Mobile Crisis Services benefit [Behavioral Health Information Notice \(BHIN\) 23-025](#).
- » Participants will learn about telehealth technology options, standards of care in California, the benefits and challenges in telehealth use, and the next steps for implementing effective telehealth systems.

BHIN 23-025: Telehealth for Mobile Crisis Services



Learning Objectives



- » Participants will review [BHIN 23-025](#) for telehealth services and mobile crisis team standards.
- » Participants will review telehealth technology options and resources.
- » Participants will learn about the standards of care in California for telehealth use.
- » The training will provide an overview of the Health Insurance Portability and Accountability Act (HIPAA) and confidentiality.
- » Participants will review benefits and challenges of telehealth use in mobile crisis teams.

What are Telehealth Services in CA?

- » Telehealth is not a distinct service, but an allowable mechanism to provide clinical services. The Department of Health Care Services' (DHCS) coverage and reimbursement policies for services provided via telehealth modalities align with the California Telehealth Advancement Act of 2011 and federal regulations ([BHIN 23-018, p. 1](#))
- » State law defines telehealth as “the 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. Telehealth facilitates patient self-management and caregiver support for patients and includes synchronous interactions and asynchronous store and forward transfers.” ([Business and Professions Code section 2290.5\(a\)\(6\)](#))

Telehealth and Mobile Crisis Services



Review of the BHIN 23-025: Telehealth Services

Review of [BHIN 23-025 for telehealth services SEC III, pp. 6-7](#)

- » Mobile crisis teams shall meet the following standards:
 - At least two providers listed in Table 1 shall be available for the duration of the initial mobile crisis response. It is a best practice for at least two providers to be physically present onsite, but Medi-Cal behavioral health delivery systems may allow **one** of the two required team members to **participate via telehealth**, which includes both synchronous audio-only (e.g., telephone) and video interactions.
 - Mobile crisis teams may provide services in this manner **only if** the Medi-Cal behavioral health system determines that such an arrangement: Is necessary because it otherwise would result in a marked delay in a mobile crisis team's response time; and the use of such an arrangement poses no safety concerns for the member or the single mobile crisis team who is physically onsite during the initial mobile crisis response.

Telehealth and Mobile Crisis Services

- » The mobile crisis team providing the initial mobile crisis response shall include or have access to a Licensed Practitioner of the Healing Arts (LPHA) as defined in the “SUD Treatment Services” or “Expanded SUD Treatment Services” section of Supplement 3 to Attachment 3.1-A of the State Plan, or a licensed mental health professional, including a licensed physician, licensed psychologist, licensed clinical social worker, licensed professional clinical counselor, licensed marriage and family therapist, registered nurse, licensed vocational nurse, or licensed psychiatric technician.

For example, a mobile crisis team may consist of:

- » A licensed practitioner and a peer support specialist or
- » Two peer support specialists who have access to a LPHA via **telehealth**, which includes both synchronous audio-only (e.g., telephone) and video interactions.
 - One peer support specialist may participate in the encounter via telehealth. However, the supervising LPHA must be accessible via telehealth at all times.
- » It is important to note when the second team member is participating via telehealth, they must participate during the entire encounter.

Telehealth and Mobile Crisis Teams

- » Telehealth and mobile crisis teams (<https://telehealth.hhs.gov/providers/getting-started> or [Behavioral Health Information Notice \(BHIN\) 23-025](#)).
- **Type of Telehealth Allowed for Mobile Crisis Teams:** Telehealth allows you to provide health care for a patient when you are not in the same location.
 - **Synchronous care** is a live interaction between a provider and a patient. Visits may also include a caregiver, as appropriate. Examples include video calls between a patient and a health care provider, audio-only calls when a video visit is not an option, and secure text messaging to answer patient questions.
 - BHIN 23-025 defines **synchronous care** to include both synchronous audio-only (e.g., telephone) and video interactions.

Table 1. Qualified Mobile Crisis Team Members by Delivery System

Rehabilitative Mental Health Treatment Providers		SUD Treatment Providers	Expanded SUD Treatment Providers	Other Provider Types
<ul style="list-style-type: none"> • Registered Nurse • Certified Nurse Specialist • Licensed Vocational Nurse • Psychiatric Technician • Mental Health Rehabilitation Specialist • Physician Assistant • Nurse Practitioner • Pharmacist • Occupational Therapist 	<ul style="list-style-type: none"> • Physician • Psychologist • Waivered Psychologist • Licensed Clinical Social Worker • Waivered/Registered Clinical Social Worker • Licensed Professional Clinical Counselor • Waivered/Registered Professional Clinical Counselor • Marriage and Family Therapist • Waivered/Registered Marriage and Family Therapist 	<ul style="list-style-type: none"> • LPHA as defined in the “Provider Qualifications” subsection of the “SUD Treatment Services” section of Supplement 3 to Attachment 3.1-A of the California Medicaid State Plan. • Alcohol and Other Drug (AOD) Counselor • Peer Support Specialist 	<ul style="list-style-type: none"> • LPHA as defined in the “Practitioner Qualifications” subsection of the “Expanded SUD Treatment Services” section of Supplement 3 to Attachment 3.1-A of the California Medicaid State Plan. • AOD Counselor • Peer Support Specialist 	<ul style="list-style-type: none"> • Community Health Workers as defined in the Community Health Worker Services preventive services benefit. • Emergency Medical Technicians. Emergency Medical Technicians must be certified in accordance with applicable State of California certification requirements. • Advanced Emergency Medical Technicians. Advanced Emergency Medical Technicians must be certified in accordance with applicable State of California certification requirements. • Paramedics. Paramedics must be licensed in accordance with applicable State of California certification requirements.

Health Insurance Portability and Accountability Act (HIPAA) and Confidentiality in Telehealth



HIPAA in Telehealth

- » The Privacy Rule protects all "individually identifiable health information" held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper, or oral. The Privacy Rule calls this information "protected health information (PHI)."

Telehealth and Mobile Crisis Teams

- » **May be used to meet qualifying team requirements.**
 - 2-person response, 1 onsite, 1 via telehealth
- » **Understanding telehealth technology options, safe and secure options**
 - Healthcare providers should always use private locations to deliver telehealth and implement reasonable Health Insurance Portability and Accountability Act (HIPAA) safeguards for PHI. The telehealth platform you use should meet HIPAA requirements.
- » Privacy Rule's safeguard standards is flexible and does not prescribe to any specific practices or actions as long as it adequately protects the privacy of PHI as appropriate to the circumstances - from any intentional or unintentional use or disclosure in violation of the Privacy Rule [HHS Understanding Safeguards, pp.](#)

Data Security

- » **Use HIPAA-Compliant Software:** Providers need to use secure medical devices. Provide telehealth services through dependable, well-protected channels that will ensure data safety. Identify the specific doorways that hackers might use for infiltration and close them off.
- » **Secure Endpoints:** Secure each laptop, tablet, smartphone and wearable device that transmits medical data. Implement telehealth data encryption measures to protect against theft. In addition, your office systems also need to have proper security systems protecting PHI 24/7.
- » **Build Privacy and Security Standards:** Induct telehealth in the privacy and security policies of the mobile crisis team. Include training to the team about the use of telehealth software. Provide them with telehealth-specific educational materials for maintaining security and abiding by regulations.

What Information is Protected by HIPAA

- » Individually identifiable health information, or PHI, is information including demographic data that relates to:
 - the individual's past, present, or future physical or mental health condition,
 - the provision of health care to the individual, or
 - the past, present, or future payment for the provision of health care to the individual,
 - *and* that identifies the individual or for which there is a reasonable basis to believe it can be used to identify the individual. Individually identifiable health information includes many common identifiers (e.g., name, address, birth date, Social Security Number).
- » The Privacy Rule excludes from protected health information employment records that a covered entity maintains in its capacity as an employer and education and certain other records subject to, or defined in, the Family Educational Rights and Privacy Act, 20 U.S.C. §1232g.

Telehealth Standards of Care in California



Telehealth and Medi-Cal Enrolled Providers

Consent

Health care providers must inform the patient prior to the initial delivery of telehealth services about the use of telehealth and obtain verbal or written consent from the patient for the use of telehealth as an acceptable mode of delivering health care services.

Providers also need to document when a patient consents to receive services via audio-only prior to initial delivery of services. The consent shall be documented in the patient's medical file and be available to DHCS upon request.

Providers are required to share additional information with beneficiaries regarding:

- » Right to in-person services
- » Voluntary nature of consent
- » Availability of transportation to access in-person services when other available resources have been reasonably exhausted
- » Limitations/risks of receiving services via telehealth, if applicable
- » Availability of translation services consent requirements may be found in Business and Professions Code, Section 2290.5 [b] and Welfare and Institutions Code, Section 14132.725 [d]. Model patient consent language may be found on the DHCS website.

Telehealth and Medi-Cal Enrolled Providers

Provider Requirements

- » The health care provider rendering Medi-Cal covered benefits or services provided via a telehealth modality must meet the requirements of Business and Professions Code (B&P Code), Section 2290.5(a)(3), or must be otherwise designated by the Department of Health Care Services (DHCS) pursuant to Welfare and Institutions Code (WIC) 14132.725 (b)(2)(A). A licensed health care provider rendering Medi-Cal covered benefits or services via a telehealth modality must be licensed in California, enrolled as a Medi-Cal rendering provider or non-physician medical practitioner (NMP) and affiliated with an enrolled Medi-Cal provider group. The enrolled Medi-Cal provider group for which the health care provider renders services via telehealth must meet all Medi-Cal program enrollment requirements and must be located in California or a border community. For policy and billing information specific to FQHCs, RHCs or IHS-MOA clinics, providers may refer to the Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) and Indian Health Services (IHS), Memorandum of Agreement (MOA) 638, Clinics sections in the appropriate Part 2 manual.

Benefits and Challenges for Telehealth in Mobile Crisis Services



Benefits of Using Telehealth to Provide Mobile Crisis Services

- » Ability to provide mobile crisis service when only one team member is physically available to deploy from the mobile crisis team
- » Assists in timely access to mobile crisis services
 - (must be actively participating for the entire duration of service)
- » Access to licensed providers for clinical consultation or support
- » Provide community-based crisis resolution leading to a reduction in unnecessary law enforcement involvement and emergency department utilization
- » Access to consultation for special populations
- » Provide the mobile crisis services to those who live in rural areas with limited access to care
- » Important to make experience as positive as possible by providing as much information from the start (i.e. display the device being used, introduce the provider participating via telehealth, etc.)

Challenges of Using Telehealth in Mobile Crisis

- » Specific areas or rural parts of the county may have more connectivity issues, lack cell signal coverage, and have low internet bandwidth.
 - Consider alternative ways to provide telehealth services (mobile hotspots, use of satellite services).
- » When using voice only services, mobile crisis teams may not be able to observe nonverbal cues fully.
- » This can pose challenges to building rapport with a person in crisis.
- » Voice-only may not work for everyone in crisis (i.e., individuals in an active paranoid state).

Next Steps

» **Where do you go to get started?**

- Consider connecting with local emergency service departments such as your local Fire or Police Departments for advice on what technology is best for your county.
 - They also will know which areas of your county have limited cell/internet service
- Know which internal county department you should go to for support with telehealth services
- Ask about policies and procedures specifically for your county around providing telehealth services
- [California Telehealth Resource Center](#) provides tools and resources for getting started with a telehealth program, including consultative services and online provider training and educational courses.

» **Commonly used devices for telehealth services**

- Cell phones
- Tablets, iPads, laptops
- Internet hotspot devices
- Satellite cell service



Additional Resources

- » **Resources for additional standards of care for telehealth services and providers**
 - For licensed and waived providers:
 - Board of Behavioral Sciences [BBS Telehealth Best Practice Guidance Document](#)
 - [CA Board of Psychology FAQ Telehealth](#)
 - [DHCS FAQ Telehealth](#)
 - [DHCS MediCal and Telehealth Resource Page](#)
 - [California Telehealth Resource Center](#)
 - Peer Support Specialist
 - [DHCS Peer Support Specialist FAQ](#)

Summary

- » Telehealth services are allowable under the BHIN 23-025 in specific circumstances. When it is necessary to have the second provider participate via telehealth to provide timely and accessible services, and no danger is presented to the member, one provider may be remotely engaged.
- » When utilized, telehealth providers may only provide synchronous care: they must be live, present, and fully engaged for the duration of the encounter.
- » Providers engaged through telehealth must be fully qualified team members under the requirements described in BHIN 23-025.
- » HIPAA rules protect all PHI information provided during a telehealth encounter and all telehealth services must comply with HIPAA requirements.
- » HIPAA requirements include ensuring that all software is HIPAA-compliant, and that all hardware has appropriate data protection measures in place.
- » There are both benefits and drawbacks to engaging providers via telehealth:
 - Telehealth can increase access to additional qualified team members, specialty providers, and extend benefit-eligible mobile crisis services in rural areas.
 - Telehealth can also be limited by uneven cellular and internet bandwidth, elide the ability to observe and interpret non-verbal cues, and challenge the ability of mobile crisis responders to quickly build rapport with members.

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Thank You!



Contact Us



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