



TOMÁS J. ARAGÓN, MD, DrPH
Director and State Public Health Officer

State of California—Health and Human Services Agency
California Department of Public Health



GAVIN NEWSOM
Governor

Office of AIDS

All Project Directors' Letter No. 24-01

Medi-Cal Waiver Program

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Subject: Guide for Operationalizing Telehealth as a Permanent Service Delivery Option for the Medi-Cal Waiver Program

Purpose

This All Project Directors' Letter (APDL) provides new policy and procedures for implementing telehealth as a permanent service delivery option for the following Medi-Cal Waiver Program (MCWP) services: psychotherapy, enhanced case management, and nutritional counseling.

Background

In response to the COVID-19 Public Health Emergency (PHE), the Centers for Medicare and Medicaid Services (CMS) approved several 1915(c) Home and Community-Based Services (HCBS) Waiver modifications under Appendix K authority for MCWP. These modifications allowed temporary flexibilities such as telephonic contact instead of face-to-face visits. The Biden Administration ended the COVID-19 PHE on May 11, 2023 and the Appendix K flexibilities ended on November 11, 2023. In order to align with the Department of Health Care Services (DHCS) telehealth policy and to expand access to MCWP, the California Department of Public Health (CDPH) and DHCS submitted a request to CMS to extend the temporary flexibilities as a permanent service delivery option for the provision of psychotherapy, enhanced case management, and nutritional counseling. On November 1, 2023, DHCS received [official approval](#) from CMS that the [MCWP Telehealth Amendment](#) was approved for the period of November 12, 2023 through December 31, 2027.

Policy

For the purpose of this policy and procedure, telehealth is defined as a service delivery method of contact that includes telephone or videoconferencing.



CDPH has established the following guidance for MCWP sites to operationalize telehealth on a permanent basis, effective **August 1, 2024**:

Participant Choice

It is the participant's choice of the telehealth option that guides how MCWP services are delivered. If the participant prefers to receive services face-to-face, then the Waiver Agency must support the participant's choice. If the participant prefers the telehealth option, but it conflicts with the case manager's clinical judgment, then the Waiver Agency is still responsible for protecting the participant's health and safety. Waiver Agencies may deny a participant's request for telehealth services with appropriate documentation for instances of: open Adult Protective Services cases, critical incidents, home environment concerns, recent hospitalizations, or other significant health and safety concerns that require in-person care.

Face-to-Face Requirements

At a minimum, the following MCWP requirements must be completed with a face-to-face in-home visit:

- Initial Nursing Assessment
- Initial Psychosocial Assessment
- Cognitive and Functional Ability Score
- Home Environment Assessment
- Program application and enrollment forms with participant signatures including: Informed Consent/Agreement to Participate, Authorization to Exchange Confidential Information, Client Rights, Right to Request a State Fair Hearing, and the Participant Centered Service Plan (PCSP)

The nurse case manager and social work case manager must visit the participant face-to-face in their home at least every 365 days for the annual reassessment process and PCSP update. All activities can occur more frequently should the MCWP participant's situation warrant it.

Monthly Contact and Quarterly Visits

The case managers should be keeping regular contact with all participants. The telehealth policy allows Waiver Agencies the flexibility to conduct these visits through the telehealth service delivery if the participant chooses that option. Both of these requirements must be documented in the progress notes for each occurrence of telehealth being chosen as the method of service delivery (See "Telehealth Documentation Requirements" below).

Telehealth Service Requirements

Psychotherapy, enhanced case management, and nutritional counseling provided via telehealth must comply with the following requirements:

1. Participants must be allowed to choose to receive services via telehealth or in-person. The participant has the right to change their preference at any time while enrolled in the program.
2. Services provided via telehealth must meet the participant's needs, as documented in their PCSP. Identifying whether services are provided via telehealth on the care plan is required (See "Telehealth Documentation Requirements" below).
3. The MCWP Agency case management team must determine that the service being provided via telehealth is clinically appropriate based upon evidence-based medicine or best practices or both. Additionally, the telehealth service must meet the procedural definition of the Current Procedural Terminology, or Healthcare Common Procedure Coding System (HCPCS) code associated with the service, as well as follow any additional guidance provided through the [DHCS Medi-Cal Waiver Program Manual](#).
4. Services can only be provided via telehealth if the needs of the participant can be met remotely. Telehealth must not replace direct care that can only be provided in-person. If a participants' needs cannot be met via telehealth, in-person assistance is required to support the participants' health and safety.
5. Services provided via telehealth must be delivered in a way that respects the privacy of the participant, particularly in the instances of toileting, dressing, etc
6. The opportunity to interact with others, while receiving services in their preferred delivery method.
7. The Waiver Agency case management staff must inform the participant prior to the initial delivery of telehealth services about the use of telehealth and obtain consent via signature from the participant and/or their representative for the use of telehealth as an acceptable mode of delivering case management and Waiver services. If personal care is needed while telehealth is being provided, the participant and/or person supporting the participant should 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 participant, the telehealth provider should pause the telehealth service until confirming it was appropriate to resume.

8. Providing the service via telehealth must not impede, replace, or prevent the successful delivery of home and community based services (HCBS) for participants who need hands-on assistance/physical assistance, including but not limited to skilled nursing, homemaker services, and attendant care.
9. Waiver Agency case managers must notify the participant of their right to make complaints about the quality of care delivered through telehealth once it's implemented.
10. Support must be provided to participants who need assistance with using the technology required for the delivery of the HCBS via telehealth. The participant's person-centered planning team is responsible for determining the extent of training necessary for the participant to access their services remotely, and for ensuring that the necessary training is provided and understood by the participant and/or legal representative. Family members may also be eligible for training, as appropriate, to support the provision of services if determined to be beneficial for the participant. If the participant is unable to properly utilize the technology, with or without assistance, then telehealth is **not** appropriate.
11. All telehealth delivery services must meet [Health Insurance Portability and Accountability Act \(HIPAA\)](#) requirements.

Telehealth Documentation Requirements

Psychotherapy, enhanced case management, and nutritional counseling Waiver services provided via telehealth must comply with the following documentation requirements:

1. All documents requiring participant signature should be obtained in person. If Waiver Agencies are unable to obtain the participant's signature in person, case managers must document in the progress notes why a signature could not be obtained, which documents were reviewed with the participant, and indicate that the participant understood the documents. The required document(s) should indicate the participant's verbal agreement and the date/time of the participant's verbal consent.
2. The PCSP must be signed by the participant and/or their representative before the initial delivery of telehealth services to indicate that the participant requested the telehealth service option.
3. Case managers must document every attempt to contact the participant for their monthly contact in the progress notes, including remediation plans if the contact attempts are unsuccessful. If the participant misses several consecutive telehealth appointments, then telehealth is not appropriate.
4. Case managers may utilize electronic signature options such as DocuSign, a tablet or other electronic options to collect the participant's authorization on required documents.

When Telehealth is Not Appropriate

There are several circumstances in which telehealth is not an appropriate service delivery option. Waiver Agencies may not use telehealth to meet case manager needs (convenience, staffing vacancies, etc.). If physical, in-person assistance is needed in order to support the participant's needs and protect their health and safety, then telehealth services are not an option, and in-person service delivery is required. Telehealth is not appropriate if the participant misses several consecutive telehealth visits or if they are unable to properly utilize the technology required, with or without assistance.

Action Required

Waiver Agencies are required to comply with the standards above and are encouraged to review the additional references below. MCWP case managers shall inform participants of the telehealth service delivery option upon their initial assessment, monthly contact, Quarterly Visit, or during their annual reassessment, whichever comes first. If participants choose the telehealth service delivery option, then the Waiver Agency case managers shall determine if telehealth is clinically appropriate and update the participant's progress notes and PCSP accordingly.

References

- [2023 – 2027 Medi-Cal Waiver Program \(MCWP\) Waiver](#)
- [California's Medi-Cal Telehealth Policy](#)
- [California Welfare and Institutions Code section 14132.725](#)
- Home and Community-Based Settings Requirements ([42 CFR 441.301\(c\)\(4\)](#))

Contact

If you have questions regarding this letter, please contact the Medi-Cal Waiver Program at (916) 449-5881 or [email MCWP](mailto:cdphmcwp@cdph.ca.gov) at cdphmcwp@cdph.ca.gov.

Sincerely,

Kaye Pulupa

Kaye Pulupa, MPH, Chief
Special Programs Section
HIV Care Branch, Office of AIDS
California Department of Public Health

CC: Karl Halfman, MA, Chief
HIV Care Branch, Office of AIDS
California Department of Public Health

Cortney Maslyn, Chief
Integrated Systems of Care Division
Department of Health Care Services