

## Subject: Telehealth Services

### Requirements

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- 1. Programs Affected:** All CCBHC Demonstration participants.
- 2. Background and Purpose:** Community Mental Health Centers (CMHCs) designated by the Alabama Department of Mental Health (ADMH) as Certified Community Behavioral Health Clinics (CCBHCs) are responsible for providing telehealth services in accordance with the Substance Abuse and Mental Health Services Administration (SAMHSA) CCBHC Certification Criteria, either directly or via a Designated Collaborating Organization (DCO) partnership.<sup>1</sup> While the bulletin uses Medicaid rules, these rules apply for patients of the CCBHC, regardless of payer source. ***This bulletin provides a high-level overview of telehealth compliance for CCBHCs.***

**Note:** Providers are expected to refer to Medicaid Policy Manual Chapter 112<sup>2</sup> for telehealth guidelines including included and excluded services. Providers are expected to always comply with both Medicaid and ADMH regulations but if there are discrepancies between this bulletin and Medicaid guidelines, the Medicaid guidelines should be followed.

### 3. SAMHSA CCBHC Criteria Authority

- 3.1. The CCBHC uses telehealth/telemedicine, video conferencing, remote patient monitoring, asynchronous interventions, and other technologies, to the extent possible, in alignment with the preferences of the person receiving services to support access to all required services.
- 3.2. The CCBHC may utilize telehealth/telemedicine, video conferencing, patient monitoring, asynchronous interventions, and other technologies to alleviate shortages, provided that these services are coordinated with other services delivered by the CCBHC. The CCBHC is not precluded from utilizing providers working towards licensure if they are working under the requisite supervision.
- 3.3. For those presenting with emergency or urgent needs, the CCBHC may conduct the initial evaluation, by phone or through the use of technologies for telehealth/telemedicine and video conferencing, but an in-person evaluation is preferred. If the initial evaluation is conducted telephonically, once the emergency is resolved, the person receiving services must be seen in person at the next subsequent encounter and the initial evaluation reviewed.
- 3.4. For individuals and families who live within the CCBHC's service area but live a long distance from CCBHC clinic(s), the CCBHC should consider the use of technologies for telehealth/telemedicine, video conferencing, remote patient monitoring, asynchronous interventions, and other technologies in alignment with the preferences of the person receiving services, and to the extent practical. These criteria do not require the CCBHC to provide

<sup>1</sup> [Certified Community Behavioral Health Clinic \(CCBHC\) Certification Criteria Updated March 2023 \(samhsa.gov\)](https://www.samhsa.gov/cbhc/certification-criteria)

<sup>2</sup> [https://medicaid.alabama.gov/content/Gated/7.6.1G\\_Provider\\_Manuals/7.6.1.1G\\_Jan\\_2024/Jan24\\_112.pdf](https://medicaid.alabama.gov/content/Gated/7.6.1G_Provider_Manuals/7.6.1.1G_Jan_2024/Jan24_112.pdf)

continuous services including telehealth to individuals who live outside of the CCBHC service area. CCBHCs may consider developing protocols for populations that may transition frequently in and out of the services area such as children who experience out-of-home placements and adults who are displaced by incarceration or housing instability.

- 3.5. Telehealth/telemedicine may be used to connect individuals in crisis to qualified mental health providers during the interim travel time. Technologies also may be used to provide crisis care to individuals when remote travel distances make the 2-hour response time unachievable, but the ability to provide an in-person response must be available when it is necessary to assure safety. The CCBHC should consider aligning their programs with the CMS Medicaid Guidance on the Scope of and Payments for Qualifying Community-Based Mobile Crisis Intervention Services if they are in a state that includes this option in their Medicaid state plan.<sup>3</sup>
- 3.6. When necessary and appropriate screening, assessment, and diagnosis can be provided through telehealth/telemedicine services.
- 3.7. In the event specialized or more intensive services outside the expertise of the CCBHC or DCO are required for purposes of outpatient mental health and substance use disorder treatment, the CCBHC makes them available through referral or other formal arrangement with other providers or, where necessary and appropriate, through use of telehealth/telemedicine, in alignment with state and federal laws and regulations.

#### **4. State Requirements Regarding Use of Telehealth for CCBHC Services**

- 4.1. All CCBHC providers are responsible for ensuring that they are complying with all state regulations regarding telehealth including Medicaid provider guidance.
- 4.2. All persons served via telehealth must have documentation that both in-person and telehealth services were offered to the individual, and that they prefer the selected service(s) to be provided via telehealth.
- 4.3. Providers must document verification of the physical address of the person served and an accessible emergency contact at the beginning of each session to ensure the safety of the individual in the event of an emergency.
- 4.4. Telehealth services must be provided through a platform that meets HIPAA compliance requirements.
- 4.5. At each treatment plan update, the use of telehealth services should be reevaluated to determine whether this is the most effective modality for the person served. This should be documented in the file.
- 4.6. Providers must ensure that they are delivering telehealth services in a location that maintains HIPAA and other confidentiality requirements.
- 4.7. Providers must be approved, certified, and/or licensed to deliver the services they are providing in the state of Alabama.

#### **5. Clinical Considerations for the Use of Telehealth**

- 5.1. Staff will determine the persons being served suitability for Telehealth sessions by evaluating prior to initiating ongoing Telehealth sessions (telehealth may be utilized in an initial crisis situation if needed) and utilizing a written agreement retained in the persons being served electronic medical record which addresses:

- 5.1.1. The practitioner and program staff will consider the following for the persons being

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<sup>3</sup> For information on crisis services for children and youth, please see [National Guidelines for Child and Youth Behavioral Health Crisis Care \(samhsa.gov\)](https://www.samhsa.gov/national-guidelines-for-child-and-youth-behavioral-health-crisis-care) and [A Safe Place to Be: Crisis Stabilization Services and Other Supports for Children and Youth \(samhsa.gov\)](https://www.samhsa.gov/a-safe-place-to-be).

served prior to employing Telehealth technology:

- Persons being served awareness and familiarity with the process sufficient to provide informed consent
- Consideration related to symptoms that could worsen with Telehealth (psychosis, paranoid/delusions related to technology)
- Language or cultural preferences- Persons being served will have the option to request an interpreter at no charge (to the person). Persons being served will be made aware of the availability of an interpreter if staff assess this may be an appropriate service.
- Medical issues
- Clinical situations or symptomology (i.e.; suicidal ideation, or any symptoms requiring an in-person evaluation due to severity of those symptoms, cognitive/sensory concerns).

5.2 Staff will determine, based on the following clinical considerations, if Telehealth is suitable to the patient's needs:

- 5.2.1. Access to secure and stable technology and internet to ensure continuity
- 5.2.2. Ability to safely engage, including the ability to implement a safety plan
- 5.2.3. Need or ability to respond to urgent/emergent situations
- 5.2.4. Ability to adequately assess risk
- 5.2.5. Risk for suicide or self-injurious behaviors
- 5.2.6. Return to substance use
- 5.2.7. Stability of housing
- 5.2.8. Whether the patient has adequate space to participate with minimal interruptions and privacy
- 5.2.9. Is there suspected or confirmed family violence, and/or other abuse
- 5.2.10. Use of emergency services/hospital admissions
- 5.2.11. Current symptoms or behaviors can reasonably be assessed via telehealth
- 5.2.12. Medications require an abnormal involuntary movement assessment
- 5.2.13. Symptoms or comorbidities that could preclude use of telehealth
- 5.2.14. Cognitive and developmental functioning including motor and communication

***Disclaimer:*** *The information contained in this implementation bulletin is for general information purposes only. For more details on the specific subject area covered in this bulletin, please refer to the Certified Community Behavioral Health Clinic (CCBHC) Certification Updated March 2023.*

*Additionally, if there are discrepancies between this bulletin and Medicaid guidelines, the Medicaid guidelines should be followed.*

<sup>1</sup> <https://www.samhsa.gov/sites/default/files/ccbhc-criteria-2023.pdf>