Accessing Mental Health Services using Telehealth

June 2015, Pub #CM64.01

1. What is telemedicine and telehealth?

Telemedicine is the ability of physicians and patients to connect through technology enabling rural and out-of-area patients to be seen by a health care provider remotely.¹ Telehealth means the mode of delivering health care services and public health through information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient’s health care while the patient is at the originating site and the health care provider is at a distant site.² In California the Telehealth Advancement Act of 2011 became law January 1, 2012. The Act replaced the term telemedicine with telehealth.

2. What is telemental health?

Telemental health is a part of telehealth that uses technology to provide mental health services including telepsychology, telepsychiatry, and telebehavioral health from a distance.³

¹ 10 California Code of Regulations §6410
² California Business and Professions Code §2290.5
³ National Center for Telehealth and Technology
3. Who can be a telehealth or telemental health provider?

   a. Physicians  
   b. Surgeons  
   c. Clinical psychologists  
   d. Psychiatrists  
   e. Marriage, family, and child counselors  
   f. Dentists  
   g. Podiatrists  
   h. Ophthalmologists  
   i. Optometrists (in limited scope)  
   j. All professionals under Division 2 of California’s Healing Arts Statute

4. What are the telehealth and telemental health methods of getting services?

   a. Live video: Two-way interaction between the patient or caregiver and a provider using audiovisual telecommunication technology.
   
   b. Store-and-forward: Pre-recorded videos and digital images such as x-rays and photos sent through a secure electronic communications system such as a secure email. This method eliminates the need for live interaction between the patient and the provider.
   
   c. Remote patient monitoring (RPM): Information and medical data collected from patient in one location and transmitted to provider in another location. In this instance the provider can track the patient’s progress when they are in their own home or a care facility.
   
   d. Mobile health (mHealth): Public health practice and education supported by mobile devices such as cell phones and tablet computers. For example, text messages that promote healthy behavior or wide-scale alerts about disease outbreaks.

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California Business and Professions Code §500-§4999
5. What is the scope of telemental health services that can be provided?
   a. Initial evaluation
   b. Individual and group therapy
   c. Medication management
   d. Case management
   e. Treatment planning
   f. Monitoring

6. What are the benefits of telemental health services?
   a. Increased access to mental health services for people who may have gone unserved because they live in a remote location.
   b. Decrease in travel time and cost to get necessary treatment.
   c. Continuity of care. A psychiatrist who treats a person in the hospital can monitor that person’s progress after they have been discharged. This could reduce the need for the same person being re-admitted to a hospital requiring treatment.

7. Are there limits on locations where telehealth services can take place?

Prior to the Telehealth Advancement Act, appointments could only take place in licensed health care facilities such as hospitals or the office of the physician. Medi-Cal restricted telehealth appointments to hospitals, clinics, physician’s offices, and skilled nursing facilities. Now telehealth services can be provided from other locations including from the patient’s own home.
8. Do you have to have a barrier that prevents an in-person visit before you can use telehealth services?

No. The Telehealth Advancement Act removed the Medi-Cal rule that required providers to document that a patient had a barrier to an in-person visit before telehealth services could be used.

9. What type of consent is required to get telehealth and telemental health services?

The Telehealth Advancement Act removed the need for written consent and replaced it with verbal consent. Written consent was seen as an unnecessary burden on accessing telehealth services.

10. Do health insurance plans provide coverage for telehealth including telemental health services?

Yes. In California private insurance plans, Medi-Cal, and state employment health plans cover telehealth services including telemental health services.

11. What do I do if my insurance plan denies my request for telehealth services as not medically necessary?

a. You may file a grievance with your health care plan.

b. If you are still denied, you may apply for an Independent Medical Review (IMR). An IMR is a review of your case by doctors who are not part of your health care services plan. There are two state entities to whom a request for an IMR is made.

   i. First, in most cases an IMR is submitted to the Department of Managed Health Care (DMHC). DMHC regulates individual and group managed health care service plans (HMOs) and Blue Cross and Blue Shield PPO. See http://www.dmhc.ca.gov/.

   ii. Second, some IMR requests go to the California Department of Insurance (CDI). The Department of Insurance regulates health
insurance plans other than managed care plans. See http://www.insurance.ca.gov/.

c. If you have a Medi-Cal managed care plan please see Disability Rights California’s publication An Independent Medical Review (IMR) is One Way to Change a Medi-Cal Managed Care Plan’s No to Yes. The publication is available at the following link: http://www.disabilityrightsca.org/pubs/553401.pdf.
We want to hear from you! After reading this fact sheet please take this short survey and give us your feedback.


Disability Rights California is funded by a variety of sources, for a complete list of funders, go to http://www.disabilityrightsca.org/Documents/ListofGrantsAndContracts.html.

The California Mental Health Services Authority (CalMHSA) is an organization of county governments working to improve mental health outcomes for individuals, families and communities. Prevention and Early Intervention programs implemented by CalMHSA are funded by counties through the voter-approved Mental Health Services Act (Prop 63). Prop. 63 provides the funding and framework needed to expand mental health services to previously underserved populations and all of California’s diverse communities.