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To: All Providers & IPAs
From: IEHP – Provider Relations
Date: October 26, 2023
Subject: **UPDATE: APL 23 – 007: Telehealth Services – Link to DHCS Form**

The Department of Health Care Services has issued new telehealth services requirements for providers in California. As a reminder, providers must evaluate the suitability of telehealth services based on the Member's specific needs at the time of service.

Any providers offering services via telehealth conducted over the phone must also offer those same service via an audio/video or audio only (synchronous) interaction to preserve Member choice.

Providers furnishing services through audio/video or audio only (synchronous) interaction must inform Members of the following:

1. The member's right to access covered services delivered via telehealth in-person.
2. If in-person services are unavailable, providers must arrange for a referral to, and a facilitation of, in-person care that **does not** require a member to independently contact a different provider to arrange for that care.
3. The use of telehealth is voluntary and that consent for the use of telehealth can be withdrawn at any time by the member without affecting their ability to access Medi-Cal covered services in the future.
4. The availability of Non-Medical Transportation to in-person visits.
5. The potential limitations or risks related to receiving covered services through telehealth as compared to an in-person visit, if applicable.

Providers are required to document when a member consents to receive covered services via telehealth **prior** to the initial delivery of the services.

Consent must be documented in the member's medical record and made available upon request.



Telehealth Patient Consent Form – LINK Update

We apologize for the delay, the forms have now been uploaded in all threshold languages to our website: [Telehealth Patient Consent Form](#). or www.providerservices.iehp.org > Resources > Provider Resources > Forms > Telehealth and Wellness

As a reminder, all IEHP communications can be found at: providerservices.iehp.org > Provider Central > News and Updates > Notices

If you have any questions, please do not hesitate to contact the IEHP Provider Call Center at (909) 890-2054, (866) 223-4347 or email ProviderServices@iehp.org



DHCS Telehealth Policy Implementation

Patient Consent –Model Language

Written Consent Communication

1. I agree to receive health care services via telehealth. I understand that:
 - a. I have the right to access Medi-Cal covered services through an in-person, face- to-face visit or through telehealth.
 - b. The use of telehealth is voluntary, and I may withdraw my consent to, or stop receiving services through telehealth at any time without affecting my ability to access covered services in the future.
 - c. Medi-Cal provides coverage for transportation services to in-person services when other resources have been reasonably exhausted.
 - d. There may be limitations or risks related to receiving services through telehealth as compared to an in-person visit. For example_____.
2. I have read this document carefully, understand the potential limitations and risks of receiving services via telehealth, and have had my questions answered to my satisfaction.

Verbal Consent Communication

“Under Medi-Cal you have the option to receive services in person in a face-to-face visit or via telehealth. If you have trouble accessing in person services due to transportation, Medi-Cal provides coverage for transportation services when other resources have been reasonably exhausted. There may be limitations or risks related to receiving services through telehealth rather than in person. For example_. If you choose to receive services by telehealth, you may change your mind at any time by letting us know. If you change your mind about using telehealth, you will still have access to Medi-Cal covered services. Knowing all of this, do you want to have the option of receiving services from us now or in the future via telehealth? (Yes/No).”