CBHC BOARD POSITION STATEMENT 25.0

Telehealth for Behavioral Healthcare

Position Statement

Colorado’s laws and regulations must support telehealth services within the continuum of behavioral healthcare in Colorado and ensure that providers who utilize these tools can do so effectively and with adequate reimbursement.

Background

Telehealth, or telemedicine as defined by Health First Colorado, refers to the delivery of medical services and any diagnosis, consultation, treatment, transfer of medical data or education related to health care services using interactive audio or interactive video communication instead of in-person contact. Telehealth is a promising strategy to improve access to mental health and substance use disorder treatment across Colorado and to address behavioral health clinician workforce shortages. Historically, community mental health centers (CMHC) effectively utilized telehealth for Medicaid beneficiaries as allowed under Code of Colorado Regulations, Program Rules¹, and detailed in the Health First telemedicine manual². Medicaid allowed for the initial face to face requirement to be waived and for electronic signature on consent to treat documents. However, requirements that both providers and clients have access to live interactive audio/video telecommunications equipment proved challenging, particularly in rural areas with limited broadband services.

Prior to 2016, Colorado only mandated commercial coverage for telemedicine in rural and frontier areas. Legislation passed the prior year (HB 15-1029) removed that location restriction. The legislation did not waive the requirement that providers have an established relationship with patients before engaging in telehealth. CMHCs continued to face challenges such as inadequate financial reimbursement, limited broadband service in rural areas, and licensing and regulatory barriers.

In the wake of the COVID-19 pandemic, state and federal regulatory bodies offered new flexibilities that enabled increased use of telehealth. These included requirements that Medicaid, Medicare, and private carriers reimburse telehealth at the same rates as in-person-services, allowing verbal consent to treat, telephonic services rather than requiring video connection, and live chat services. Colorado’s CMHCs quickly pivoted to delivering care under this expanded telehealth coverage where appropriate. As the pandemic has progressed, CMHCs have been working to expand telehealth treatment to address client needs virtually.

¹ 10 CCR 2505-10, Section 8.200.3.B
As we look to the future, CBHC members embrace a thoughtful approach to maintaining telehealth as an important service modality to increase access to care and serve as one of many tools in the clinical toolbox. Telehealth should augment, not replace, in-person services. We recognize that some clients may prefer or need to continue to receive care via telehealth while others may have better treatment outcomes through more traditional outpatient services.

Payers and regulatory agencies should make permanent the flexibilities allowed under the emergency response but with client protections that ensure telehealth is directly tied to a comprehensive continuum of community-based services. This will help facilitate access to additional services such as care management and peer and recovery-oriented supports that reduce the overall cost of care by reducing use of more costly (and often inappropriate) settings such as emergency departments, hospitals, or the criminal justice system.

**Policy Priorities**

**25.1 Increase Access to Client-Centered Care and Respect for Patient Choice**

Telehealth is an essential tool in reaching certain populations and can expand access to care by supporting clients who cannot engage in traditional outpatient services due to public health emergencies, transportation, child-care, and/or other barriers.

- CBHC supports policies that increase access to care and respect client choice by making telehealth an available option.
  - Client-centered care recognizes that consumers’ needs may change and evolve over time. A continuum of services that includes telehealth as well as face to face services should be available within the local community.
  - Policies should enhance the ability of local providers to provide a range of virtual services with adequate reimbursement.
  - Policies that expand access to telehealth must protect clients’ ability to transfer between levels or modalities of care as needs and preferences evolve through the course of treatment.

**25.2 Quality of Care**

Coloradans seeking behavioral healthcare should be able to trust that all their services are of the highest quality and in accordance with evidence-based and best clinical practice. While telehealth can be an essential tool in an individual’s care plan, virtual services must be handled within a continuum of care options to ensure needs are thoroughly addressed. Providers of telehealth should have a physical presence or relationship with local providers. Quality care should include the availability of recovery-oriented services and support addressing the social determinants of health, resulting in better health outcomes.

- CBHC supports policies that closely tie telehealth to a full continuum of community-based care and recognize it as a tool, prioritizing the most interactive telehealth tools for care, where possible.
  - Payers and regulators should allow and reimburse for services provided using different modalities including interactive/live chat, phone, or video, knowing that providers will use
their best clinical judgement and prioritize the most appropriate mode of care delivery possible.

- State requirements must ensure that any providers offering telehealth services are well connected to the local continuum of care and are not allowed to default clients to more costly hospitalization or crisis care before first engaging local in-person outpatient services.

- CBHC supports policies that ensure telehealth is utilized as an effective component of a comprehensive continuum of care that addresses the needs of clients with complex conditions.

### 25.3 Range of Telehealth Modalities and Bridging the Digital Divide

To realize the full potential of telehealth and virtual care, Colorado must embrace the range of telehealth modalities available and ensure care is available for those populations that have historically had limited access to broadband, cell phone data plans, and other technologies.

- CBHC supports policies that increase investment in making relevant technologies available to historically underserved populations including rural/frontier regions and communities of color.
- CBHC supports policies that diversify access to care pathways through virtual mediums.
  - Allowance and coverage of app-based, text, audio, and audio-visual telehealth modalities when appropriately connected to in-person, local continuums of care and aligned with client need.

### 25.4 Supportive Policies for Care Delivery

The flexibilities which have been allowed during the COVID-19 public health emergency must be maintained and monitored closely.

- CBHC supports policies that enhance an individual’s ability to initiate or receive care virtually. This includes:
  - Oral or virtual consent to treat with appropriate documentation, rather than in-person paperwork
  - HIPAA/FCC regulatory modifications to allow more utilization of audio and video care modalities
  - Allowing telehealth services to be delivered from a variety of settings (originating site and distance site) including in clients’ homes, within appropriate clinical and privacy guidelines.
  - Initiation of care relationships and intake via virtual mediums, when appropriate.

### 25.5 Adequate Payment and Reimbursement of Telehealth

For Colorado providers and clients to leverage telehealth and virtual care within the full continuum of services, a commitment to reimbursement structures that ensure the viability of these services is needed to expand capacity to meet urgent and emergent community needs.

- CBHC supports policies that align payor policies and reimbursement methodologies across state, Medicaid, and private sources. This includes:
  - Multi-payer alignment in what modalities are allowed and reimbursable
Reimbursement of telehealth on par with in-person care, when delivered appropriately

Effective Period

The Colorado Behavioral Healthcare Council (CBHC) Board of Directors approved this policy on 8/7/2020. It is reviewed as required by the Public Policy Advisory Committee.

Policy Updated

Updates to this policy position were approved by the CBHC Board of Directors on xx/xx/xxxx.

Expiration: 8/7/2022