Dear Colleagues,

Over the course of the last week, CPA, in partnership with California’s mental health provider associations, has advocated the need to allow all mental health services to be delivered via telehealth during the COVID-19 pandemic. Every day, state and local guidance are asking more people to “shelter in place” and self-isolate to reduce the spread of COVID-19. As a result, CPA is concerned about people being able to access the critical mental health services needed at this time.

- CPA has sent messages to the Governor, the Legislature, the Department of Managed Health Care, the Department of Insurance, the Dept of Health Care Services, and the California Association of Health Plans. We’ve asked for immediate implementation of telehealth and a 60-day suspension of any approval/credentialing rules. We are making good progress and things are changing on the hour. CPA is advocating for changes in all private and public sector plans.

- In a victory for all providers, DMHC is requiring all plans to reimburse for telehealth at the same level they reimburse for face-to-face visits. This means if a health plan reimburses a mental health provider $100 for a 50-minute therapy session conducted in-person, the health plan shall reimburse the provider $100 for a 50-minute therapy session done via telehealth. DMHC explicitly states that “Health plans shall provide the same amount of reimbursement for a service rendered via telephone as they would if the service is rendered via video, provided the modality by which the service is rendered (telephone versus video) is medically appropriate for the enrollee.”

- We are engaging our advocacy partners such as other mental health associations and are seeing some plans make these changes as of yesterday. This is a tremendous undertaking to move all of our fragmented delivery of mental health services online in a matter of days. We’ve seen guidance from Kaiser, Optum, and Cigna that moves in the right direction and will not stop until all plans expedite their processes.

I have included the letters we’ve referenced in this email, and we'll keep working and informing our members of progress.

Amanda Levy
Director of Government Affairs

**DMHC TELEHEALTH REIMBURSEMENT:** This mandates all telehealth services be reimbursed at the same level as physical services.

**DMHC MARCH 12th LETTER:** This is a letter dated March 12th from the Department of Managed Health Care to All Plans requesting they expand telehealth and expedite approval of
telehealth providers.

**DEPARTMENT OF INSURANCE GUIDANCE:** This directs PPO plans to maximize use of and expedite all authorization and credentialing for telehealth services.

**PROVIDER LETTER TO DMHC:** This is a letter dated March 13th from all mental health provider associations to the Department of Managed Health Care requesting all plans move to telehealth and all credentialing be suspended for 60 days.

**PROVIDER LETTER TO THE GOVERNOR:** This a letter dated March 17th from all mental health provider associations to the Governor and respective parties to make broader, sweeping changes to the delivery of all parts of the mental health system via telehealth. We ask for immediate implementation of telehealth (including telephone services) to all plans in the public and private sector.

**GOVERNOR REQUEST FOR TELEHEALTH FOR MEDI-CAL:** On Tuesday evening, the Governor’s Department of Health Care Services requested a waiver from the federal government to allow Medi-Cal services, including behavioral health treatment, to be delivered via telehealth. The Department is requesting the waiver be retroactive to January 27, 2020.