



## Regulations impacting social work electronic practice

ASWB conducted a review of U.S. state regulations and legislation that impact social work electronic practice, also referred to as telebehavioral health, telehealth or telemedicine. The enclosed information identifies where state regulations have been enacted. Many of the enclosed regulations are specific to social work. Where states have passed insurance or related laws impacting the practice of behavioral health through electronic practice, the regulations are included.

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## ALASKA

### [Alaska Statutes Section 44.33.381](#)

Telemedicine business registry

12 AAC 02.106 (2017)

12 AAC 02.106. Telemedicine business registry

The following fees are established for registration under AS 44.33.381 (telemedicine business registry) for businesses performing telemedicine services in this state;

(1) initial registration fee, \$50;

(2) fee to report changes in the information on the initial registration, \$50.

12 AAC 02.600 (2017)

12 AAC 02.600. Application for placement on the telemedicine business registry; changes of information

(a) To be registered on the telemedicine business registry established and maintained under AS 44.33.381, and before providing telemedicine services to a recipient located in this state, a business performing telemedicine services must submit to the department

(1) a complete registration on a form provided by the department; the registration must include the business's name, address, and contact information;

(2) a copy of the business's valid business license issued under AS 43.70 and 12 AAC 12; and

(3) the applicable fee established in 12 AAC 02.106.

(b) A business performing telemedicine services must register with the name it is using to perform telemedicine services in this state. A business operating under multiple names to perform telemedicine services shall file a separate registration for each name.

(c) If the name, address, or contact information of a business on the telemedicine business registry changes, the business performing telemedicine services must submit to the department, not later than 30 days after the change or termination,

(1) a complete report, on a form provided by the department, of each change; and

(2) the applicable fee established in 12 AAC 02.106.

(d) A business that fails to comply timely with (c) of this section may not perform telemedicine services in this state and must submit a new application under (a) of this section before resuming the provision of telemedicine services to a recipient located in this state.

(e) If a business terminates the performance of telemedicine services in this state, the business shall notify the department, requesting that the department remove the business from the telemedicine business registry. If a business gives notification under this subsection, the business must submit a new application under (a) of this section before resuming the provision of telemedicine services to a recipient located in this state.

Telebehavioral health rates

Behavioral health payment rates

7 AAC 145.580 (2017)

7 AAC 145.580. Behavioral health services payment rates

(35) facilitation of a telemedicine session under 7 AAC 135.290, \$64.30 per presentation.

## ARIZONA

### [Arizona Revised Statutes](#)

#### Chapter 36 Telemedicine

##### 36-3601. Definitions

For the purposes of this chapter:

1. "Health care decision maker" has the same meaning prescribed in section 12-2801.
2. "Health care provider" means a person licensed pursuant to title 32, chapter 7, 13, 14, 15, 17, 18, 19.1, 25, 28, 29 or 33.
3. "Telemedicine" means the practice of health care delivery, diagnosis, consultation and treatment and the transfer of medical data through interactive audio, video or data communications that occur in the physical presence of the patient, including audio or video communications sent to a health care provider for diagnostic or treatment consultation.

##### 36-3602. Delivery of health care through telemedicine; requirements; exceptions

- A. Except as provided in subsection E of this section, before a health care provider delivers health care through telemedicine, the treating health care provider shall obtain verbal or written informed consent from the patient or the patient's health care decision maker. If the informed consent is obtained verbally, the health care provider shall document the consent on the patient's medical record.
- B. The patient is entitled to all existing confidentiality protections pursuant to section 12-2292.
- C. All medical reports resulting from a telemedicine consultation are part of a patient's medical record as defined in section 12-2291.
- D. Dissemination of any images or information identifiable to a specific patient for research or educational purposes shall not occur without the patient's consent, unless authorized by state or federal law.
- E. The consent requirements of this section do not apply:
  1. If the telemedicine interaction does not take place in the physical presence of the patient.
  2. In an emergency situation in which the patient or the patient's health care decision maker is unable to give informed consent.
  3. To the transmission of diagnostic images to a health care provider serving as a consultant or the reporting of diagnostic test results by that consultant.

##### 36-3603. State jurisdiction; scope

The provisions of this article apply to the practice of telemedicine within the state of Arizona. Nothing in this article shall be construed to expand, reduce or otherwise amend the health care provider licensing requirements of title 32.

##### 36-3604. Use of telemedicine for abortion prohibited; penalty; definition

- A. A health care provider shall not use telemedicine to provide an abortion.
- B. A health care provider who knowingly violates this section commits an act of unprofessional conduct and is subject to license suspension or revocation pursuant to title 32.
- C. For the purposes of this section, "abortion" has the same meaning prescribed in section 36-2151.

### [Arizona Administrative Code](#)

#### [Chapter 6. Board of Behavioral Health Examiners](#)

##### R4-6-101. Definitions

52. "Telepractice" means providing behavioral health services through interactive audio, video or electronic communication that occurs between a behavioral health professional and the client, including any electronic communication for evaluation, diagnosis and treatment, including distance counseling, in a secure platform, and that meets the requirements of telemedicine pursuant to A.R.S. § 36-3602. A.R.S. § 32-3251.

#### R4-6-1106. Telepractice

A. Except as otherwise provided by statute, an individual who provides counseling, social work, marriage and family therapy, or substance abuse counseling via telepractice to a client located in Arizona shall be licensed by the Board.

B. Except as otherwise provided by statute, a licensee who provides counseling, social work, marriage and family therapy, or substance abuse counseling via telepractice to a client located outside Arizona shall comply with not only A.R.S. Title 32, Chapter 33, and this Chapter but also the laws and rules of the jurisdiction in which the client is located.

C. An individual who provides counseling, social work, marriage and family therapy, or substance abuse counseling via telepractice shall:

1. In addition to complying with the requirements in R4-6-1101, document the limitations and risks associated with telepractice, including but not limited to the following; a. Inherent confidentiality risks of electronic communication, b. Potential for technology failure, c. Emergency procedures when the licensee is unavailable, and

d. Manner of identifying the client when using electronic communication that does not involve video;

2. In addition to complying with the requirements in R4-6-1103, include the following in the progress note required under R4-6-1103(H):

a. Mode of session, whether interactive audio, video, or electronic communication; and

b. Physical location of the client during the session.

#### [Arizona Administrative Code](#)

Chapter 10. Department of Health Services – Health Care Institutions: Licensing

R9-10-303. Administration

2. Policies and procedures for behavioral health services and physical health services are established, documented, and implemented to protect the health and safety of a patient that:

h. Cover telemedicine, if applicable;

## **ARKANSAS**

#### [Outpatient behavioral health services](#)

016 06 CARR 076 (2017)

219.200 Telemedicine (Interactive Electronic Transactions) Services

Outpatient Behavioral Health telemedicine services are interactive electronic transactions performed "face-to-face" in real time, via two-way electronic video and audio data exchange.

Reimbursement for telemedicine services is only available when, at a minimum, the Arkansas Telehealth Network (ATN) recommended audio video standards for real-time, two-way interactive audiovisual transmissions are met. Those standards are:

A. Minimum bandwidth of fractional T1 (728 kilobytes);

B. Screen size of no less than 20-inch diagonal;

- C. Transmitted picture frame rate capable of 30 frames per second at 384Kbps and the transmitted picture frame rate is suitable for the intended application; and
- D. All applicable equipment is UL and FCC Class A approved.

Providers who provide telemedicine services for Medicaid-eligible beneficiaries must be able to link or connect to the Arkansas Telehealth Network to ensure HIPAA compliance. Sites providing reimbursable telemedicine services to Medicaid-eligible beneficiaries are required to demonstrate the ability to meet the ATN standards listed above. A site must be certified by ATN before telemedicine services can be conducted. ATN will conduct site visits at initial start-up to ensure that all standards are met and to certify each telemedicine site. ATN will view connectivity statistics in order to ensure that appropriate bandwidth is being utilized by sites and will conduct random site visits to ensure that providers continue to meet all recommended standards and guidelines.

The Arkansas licensed mental health professional may provide certain treatment services from a remote site to the Medicaid-eligible beneficiary who is located in a mental health clinic setting. There must be an employee of the clinic immediately available to the beneficiary when the beneficiary is receiving services provided via telemedicine. Refer to Section 256.200 for billing instructions.

The performing provider of telemedicine services practicing within the scope of their licensure MUST:

- A. Possess a current license to practice in the state of Arkansas
- B. Meet DMS telemedicine qualifications

All providers participating in the provision of services via telemedicine must meet all applicable standards and rules enacted by the appropriate licensing authority. The above does not supersede any of the licensing board's authority.

The following services may be provided via telemedicine by an Arkansas licensed mental health professional to Medicaid-eligible beneficiaries under age 21 and Medicaid-eligible beneficiaries age 21 and over:

- A. Individual Behavioral Health Counseling - (CPT Code 90832, 90834, 90837)
- B. Psychoeducation - (HCPCS Code H2027)
- C. Psychiatric Assessment - (CPT Code 90792)
- D. Pharmacologic Management - (CPT Code 99212, 99213, 99214)

The following services may be provided via telemedicine by an Arkansas licensed mental health professional to Medicaid-eligible beneficiaries age 21 and over:

- A. Mental Health Diagnosis - (CPT Code 90791)
- B. Interpretation of Diagnosis - (CPT Code 90887)

## **COLORADO**

### [30-1 Teletherapy Policy – Guidance Regarding Psychotherapy Through Electronic Means within the State of Colorado](#)

When listed, certified, registered, or licensed and treating clients within the State of Colorado, it is at the discretion of the mental health professional as to the type of modality of treatment format that is appropriate for the client. Regardless of the modality chosen, the mental health professional must comply with all provisions as outlined in the Mental Health Practice Act, Title 12 Article 43.

It is recommended that the initial therapeutic contact be in person and adequate to provide a conclusive diagnosis and therapeutic treatment plan prior to implementing any psychotherapy through electronic means. The mental health professional is expected to establish an ongoing therapeutic relationship including face-to-face visits on a periodic basis thereafter.

Once a mental health professional chooses to provide psychotherapy via electronic means, the mental health professional is expected to carefully identify and address issues that involve:

- 1) The agreed upon therapeutic means of communication between the client and the mental health professional. (i.e. when will face-to-face contact be appropriate, what method(s) of electronic communication will be utilized, what is the structure of the contractual relationship);
- 2) Implementing written consent form(s) and proper disclosure(s) including, but not limited to the client's knowledge regarding security issues, confidentiality, structure, etc.;
- 3) Ensuring that the therapeutic means of communication includes confidentiality and computer/cyber security;
- 4) Determining the basis and ability for the mental health professional to support the rationale for the decision to choose a particular therapeutic method;
- 5) Ensuring that the mental health professional is practicing within his/her scope of practice;
- 6) Ensuring that the therapeutic means of communication that is chosen does not cause any potential harm to the client.

The mental health professional may encounter specific challenges while providing psychotherapy through electronic means. The mental health professional must realize that these challenges may include, but are not limited to:

- 1) Verifying the identity of the client and determining if they are a minor;
- 2) Providing the client with procedures for alternative modes of communication when there is possible technology failure;
- 3) Assessing how to cope with potential misunderstandings when the visual cues that would normally occur during face-to-face visits do not exist;
- 4) Assessing how to address crisis intervention when necessary;
- 5) Ensuring that clients are knowledgeable with regard to encryption methods, firewall, and backup systems to help secure communication and educate clients on the risk of unsecured communications;
- 6) Establishing a means to retain and preserve data;
- 7) Upon request, have the ability to capture and provide client treatment notes, summaries or other information that is received via the electronic technology;
- 8) Disclosing that health insurance coverage may not exist for psychotherapy service that is provided through technological means.

Disclaimer: This policy applies only to Mental Health professionals listed, certified, registered, or licensed, and treating clients within the State of Colorado.

## DELEWARE

### [3900 Board of Clinical Social Work Examiners](#)

#### 10.0 Telehealth

10.1 Preamble: "Telehealth" means the practice of social work by distance communication technology, such as, but not necessarily limited to, telephone, email, Internet-based communications, and videoconferencing. Telehealth is not intended to be the primary means of providing services to a client. The licensee shall use telehealth only where appropriate based on his or her professional judgment.

10.2 The licensee who provides treatment through telehealth shall meet the following requirements:

10.2.1 The licensee shall have an active Delaware license in good standing; and

10.2.2 During the telehealth treatment session, the client shall be located within the borders of the State of Delaware.

10.3 The licensee practicing social work through telehealth shall comply with the Board's Practice Act, Chapter 39 of Title 24 of the Delaware Code, rules and regulations and current standard of care requirements applicable to onsite care.

10.4 The licensee shall establish and maintain current competence in the use of telehealth through continuing education, consultation, or other procedures, in conformance with prevailing standards of scientific and professional knowledge. The licensee shall establish and maintain competence in the appropriate use of the information technologies utilized in telehealth.

10.5 The licensee shall use telehealth only where it is appropriate for the client, and decisions regarding the appropriate use of telehealth shall be made on a case-by-case basis.

10.6 The licensee shall use telehealth only where the client is at least 18 years old.

10.7 The licensee shall be aware of the additional risks incurred when practicing social work through the use of distance communication technologies and take special care to conduct professional practice in a manner that protects the welfare of the client and ensures that the client's welfare is paramount.

10.8 Prior to delivering services by telehealth, the licensee shall conduct a risk-benefit analysis and document that:

10.8.1 The client's presenting problems and apparent condition are consistent with the use of telehealth to the client's benefit; and

10.8.2 The client has sufficient knowledge and skills in the use of the technology involved in rendering the service or can use a personal aid or assistive device to benefit from the service.

10.9 Prior to delivery of services by telehealth, the licensee shall obtain written, informed consent from the client, or other appropriate person with authority to make health care decisions for the client, in language that is likely to be understood and is consistent with accepted professional and legal requirements. Where the licensee cannot obtain written informed consent at the outset of care due to emergency circumstances, the licensee shall obtain verbal informed consent to be followed by written informed consent as soon as reasonably possible. At minimum, the informed consent shall inform the client of:

10.9.1 The limitations and innovative nature of using telehealth in the provision of social work services;

10.9.2 Potential risks to confidentiality of information due to the use of telehealth;

10.9.3 Potential risks of sudden and unpredictable disruption of telehealth services and how an alternative means of re-establishing electronic or other connection will be used under such circumstances;

10.9.4 When and how the licensee will respond to routine electronic messages;

10.9.5 Under what circumstances the licensee and client will use alternative means of communications;

10.9.6 Who else may have access to communications between the client and the licensee;

10.9.7 Specific methods for ensuring that a client's electronic communications are directed only to the licensee; and

10.9.8 How the licensee stores electronic communications exchanged with the client.

10.10 Upon initial and subsequent contacts with the client by telehealth, the licensee shall make reasonable efforts to verify the identity of the client.

10.11 Upon initial contact, the licensee shall: obtain alternative means of contacting the client; provide to the client alternative means of contacting the licensee; and establish a written agreement relative to the client's access to face-to-face emergency services in the client's geographical area, in instances such as, but not necessarily limited to, the client experiencing a suicidal or homicidal crisis.

10.12 The licensee shall use telehealth with a client for not more than 60 days. The licensee shall meet with the client face-to-face at least once every 60 days. All evaluations, including initial evaluations, and re-evaluations and scheduled discharges shall be performed face to face and not through telehealth.

10.13 The licensee shall document in the file or record which services were provided by telehealth.

10.14 Confidentiality: The licensee shall ensure that the electronic communication is secure to maintain confidentiality of the client's health and/or educational information as required by the Health Insurance Portability and Accountability Act (HIPAA) and other applicable Federal and State laws. Confidentiality shall be maintained through appropriate processes, practices and technology, including disposal of electronic equipment and data.

10.15 In the context of a face-to-face professional relationship, the following are exempt from this Section:

10.15.1 Electronic communication used specific to appointment scheduling, billing, and/or the establishment of benefits and eligibility for services; and,

10.15.2 Telephonic or other electronic communications made for the purpose of ensuring client welfare in accord with reasonable professional judgment.

Insurance coverage for telemedicine and telehealth

## CHAPTER 1409. INSURANCE COVERAGE FOR TELEMEDICINE AND TELEHEALTH

### Section 1.0 Authority.

This regulation is adopted by the Commissioner pursuant to the authority granted by 18 Del.C. §§311, 3370 and 3751R and is promulgated in accordance with 29 Del.C. Chapter 101.

### Section 2.0 Definitions.

The following words and terms, when used in this regulation, shall have the following meaning unless the context clearly indicates otherwise:

"Distant site" means a site at which a health care provider legally allowed to practice in the state is located while providing health care services by means of telehealth.

"Originating site" means a site in Delaware at which a patient is located at the time health care services are provided to him or her by means of telehealth, unless the term is otherwise defined with respect to the provision in which it is used; provided, however, notwithstanding any other provision of law, insurers and providers may agree to alternative siting arrangements deemed appropriate by the parties.

"Store and forward transfer" means the transmission of a patient's medical information either to or from an originating site or to or from the provider at the distant site, but does not require the patient being present nor must it be in real time.

"Telehealth" means the use of information and communications technologies consisting of telephones, store and forward transfers, remote patient monitoring devices or other electronic means which support clinical health care, provider consultation, patient and professional health-related education, public health, and health administration services.

"Telemedicine" means a form of telehealth which is the delivery of clinical health-care services by means of real time 2-way audio, visual, or other telecommunications or electronic communications, including



the application of secure video conferencing or store and forward transfer technology to provide or support health-care delivery, which facilitate the assessment, diagnosis, consultation, treatment, education, care management and self-management of a patient's health care by a health-care provider practicing within his or her scope of practice as would be practiced in-person with a patient, and legally allowed to practice in the State, while such patient is at an originating site and the health-care provider is at a distant site.

#### Section 3.0 Compliance with Statutes Regarding Telemedicine and Telehealth.

Each insurer proposing to issue individual or group accident and sickness insurance policies providing hospital, medical and surgical, or major medical coverage on an expense-incurred basis; each health service corporation providing individual or group accident and sickness subscription contracts; and each managed care organization and health maintenance organization providing a health care plan for health care services shall comply with the provisions of 18 Del.C. §§3370 and 3571R, and this regulation.

#### Section 4.0 Telehealth.

4.1 Each insurer proposing to issue individual or group accident and sickness insurance policies providing hospital, medical and surgical, or major medical coverage on an expense-incurred basis; each health service corporation providing individual or group accident and sickness subscription contracts; and each managed care organization and health maintenance organization providing a health care plan for health care services shall provide coverage for the cost of such health care services provided through telehealth. Coverage for health care services provided through telehealth shall be provided so long as the underlying health care service is a covered service and the health care provider providing the service is licensed to furnish the service under State law and is practicing within the scope of State law.

4.2 No insurer proposing to issue individual or group accident and sickness insurance policies providing hospital, medical and surgical, or major medical coverage on an expense-incurred basis; health service corporation providing individual or group accident and sickness subscription contracts; or managed care organization or health maintenance organization providing a health care plan for health care services shall impose any limitation on the ability of an insured to seek medical care through the use of telehealth service solely because the health care service is being provided through telehealth. Such prohibited limitations shall include, but not be limited to, preauthorization, medical necessity or homebound requirements.

#### Section 5.0 Severability.

If any provision of this regulation or the application of any such provision to any person or circumstance shall be held invalid, the remainder of such provisions, and the application of such provision to any person or circumstance other than those as to which it is held invalid, shall not be affected.

## **FLORIDA**

### [Florida Administrative Code](#)

Medicaid Reimbursable Services

59G-1.057, F.A.C.

59G-1.057 Telemedicine.

(1) This rule applies to any person or entity prescribing or reviewing a request for Florida Medicaid services and to all providers of Florida Medicaid services that are enrolled in or registered with the Florida Medicaid program.

(2) Definition. Telemedicine - The practice of health care delivery by a practitioner who is located at a site other than the site where a recipient is located for the purposes of evaluation, diagnosis, or treatment.

- (3) Who Can Provide. Practitioners licensed within their scope of practice to perform the service.
- (4) Coverage. Florida Medicaid reimburses for telemedicine services using interactive telecommunications equipment that includes, at a minimum audio and video equipment permitting two-way, real time, interactive communication between a recipient and a practitioner.
- (5) Exclusion. Florida Medicaid does not reimburse for:
  - (a) Telephone conversations, chart review(s), electronic mail messages, or facsimile transmissions.
  - (b) Equipment required to provide telemedicine services.
- (6) Reimbursement. The following applies to practitioners rendering services in the fee-for-service delivery system:
  - (a) Florida Medicaid reimburses the practitioner who is providing the evaluation, diagnosis, or treatment recommendation located at a site other than where the recipient is located.
  - (b) Providers must include modifier GT on the CMS-1500 claim form incorporated by reference in Rule 59G-4.001, F.A.C.

## IDAHO

### [Idaho Statutes](#)

#### Social Work Licensing Act

54-3204. BOARD -- POWERS AND DUTIES. The board shall have the following powers and duties:

- (8) To establish by rule the standards and requirements for the use of communication technology in the practice of social work, including supervision.

The 2015 Idaho State Legislature passed the Idaho Telehealth Access Act, [linked here](#). The act governs telehealth in Idaho and allows the Board to promulgate rules. ASWB, of which Idaho is a member, adopted the Model Regulatory Standards for Technology and Social Work Practice, [linked here](#). These standards are intended to serve as guidelines while the Board considers promulgating rules related to the growing and evolving practice of providing electronic social work practices.

## IOWA

### [Iowa Administrative Code](#)

#### Chapter 280 Social Workers

645—280.2 (154C) Social work services subject to regulation.

Social work services provided to an individual in this state through telephonic, electronic or other means, regardless of the location of the social worker, shall constitute the practice of social work and shall be subject to regulation in Iowa.

#### Telecommunications and technology commission authorized users

751-7.11(8D) Use or access to telemedicine users.

The following persons and entities may use or access the network for data and video services including access to the Internet if the use is for telemedicine or educational purposes:

1. Licensed health care professionals or licensed health care professionals who function under the direction of or in collaboration with a physician or a hospital, or both, for example, other doctors, students, nurses, physician's assistants, therapists, clinical social workers, psychologists;

## KANSAS

### [Kansas Administrative Rules](#)

KAR 102-2-15: 102-2-15. Services rendered to individuals located in this state.

Except as authorized by K.S.A. 65-6303, and amendments thereto, each person, regardless of the person's location, who engages in either of the following activities shall be deemed to be engaged in social work practice in this state and shall be required to have a license, issued by the board, to practice social work as a LBSW, a LMSW, or a LCSW, as appropriate:

(a) performs any act included in subsection (b) of K.S.A. 65-6302, and amendments thereto, on or for one or more individuals located in this state; or

(b) represents oneself to be a social worker available to perform any act included in subsection (b) of

## KENTUCKY

### [Kentucky Statutes](#)

Chapter 335 Social Workers and Professional Counselors

335.158 Duty of treating clinical social worker utilizing telehealth to ensure patient's informed consent and maintain confidentiality -- Board to promulgate administrative regulations -- Definition of "telehealth". (1) A treating clinical social worker who provides or facilitates the use of telehealth shall ensure: (a) That the informed consent of the patient, or another appropriate person with authority to make the health care treatment decision for the patient, is obtained before services are provided through telehealth; and (b) That the confidentiality of the patient's medical information is maintained as required by this chapter and other applicable law. At a minimum, confidentiality shall be maintained through appropriate processes, practices, and technology as designated by the board and that conform to applicable federal law. (2) The board shall promulgate administrative regulations in accordance with KRS Chapter 13A to implement this section and as necessary to: (a) Prevent abuse and fraud through the use of telehealth services; (b) Prevent fee-splitting through the use of telehealth services; and (c) Utilize telehealth in the provision of clinical social work services and in the provision of continuing education. (3) For purposes of this section, "telehealth" means the use of interactive audio, video, or other electronic media to deliver health care. It includes the use of electronic media for diagnosis, consultation, treatment, transfer of health or medical data, and continuing education.

## MASSACHUSETTS

### [Practice Advisory regarding social work services by electronic means adopted by the Massachusetts Board of Registration of Social Workers on October 22, 2013.](#)

The Board of Registration of Social Workers ("the Board") voted today to adopt the following practice advisory about providing social worker services by electronic means.

This practice advisory does not have the force of law or regulation, but is intended to provide social workers and the public with a recommended protocol to follow in situations where social work services are not provided in the traditional face-to-face practice setting. The Board will look to this practice advisory in considering matters within its scope.

Scope:

This Practice Advisory addresses the provision of social worker services by electronic means of communication (“e-practice”), which includes but is not limited to: telephone calls, internet video conferencing, texting, and electronic mail.

**Practice Guidance:**

In response to inquiries from licensees and other interested parties about providing social work services by e-practice, the Board has reviewed and considered appropriate protocols for providing such services. Social workers must recognize that as he or she moves away from direct contact with clients, the social worker loses the value of interacting with the client which comes with traditional face-to-face practice setting. While e-practice is not encouraged by the Board, the Board recognizes that in certain circumstances e-practice can be used as a complement to an existing face-to-face therapeutic relationship OR when warranted by extenuating circumstances.

Licensees are reminded that all of the statutes and regulations that govern traditional Social Work are still applicable when treating a client via e-practice. The Board, therefore, recommends that licensees conduct the initial evaluation of a client in person before treating a client via e-practice, and conduct subsequent sessions in person periodically thereafter to best service the needs of their clients.

Treating clients via e-practice obligates licensees to carefully consider and address diverse issues such as structuring the relationship, obtaining informed consent, maintaining confidentiality, determining the basis for professional judgments, determining boundaries of competence, maintaining computer security, avoiding harm, dealing with fees and financial arrangements, and advertising.

**License:**

In order to provide social work services in Massachusetts, you must be licensed by the Board or be exempt under the provisions of M.G.L. c. 112, §134. In determining whether social work services are being rendered in Massachusetts, the Board considers licensure with the Board necessary when the Patient/Client is located within the Commonwealth. If a Massachusetts licensee renders social work services via e-practice to an out-of-state client, the Board recommends that the licensee contact the social worker licensing board in the state where the client is located to determine whether such practice is permitted in that jurisdiction.

**Confidentiality:**

Licensees are advised to review M.G.L. c. 112, s. 130-137, 258 CMR s. 22.00 (Confidentiality of Client Communications and Records), and the NASW Code of Ethics (Ethical Standards 1.07(i) and (m) addressing assuring confidentiality of communications with clients). The NASW Code of Ethics can be found here: <http://www.socialworkers.org/pubs/code/code.asp>.

## **MINNESOTA**

[Minnesota Statutes](#)

Chapter 148E. Board of Social Work Practice

Subd. 11. Practice of social work. (a) "Practice of social work" means working to maintain, restore, or improve behavioral, cognitive, emotional, mental, or social functioning of clients, in a manner that applies accepted professional social work knowledge, skills, and values, including the person-in-environment perspective, by providing in person or through telephone, video conferencing, or electronic means one or more of the social work services described in paragraph (b), clauses (1) to (3).

Social work services may address conditions that impair or limit behavioral, cognitive, emotional, mental, or social functioning. Such conditions include, but are not limited to, the following: abuse and neglect of children or vulnerable adults, addictions, developmental disorders, disabilities, discrimination, illness, injuries, poverty, and trauma. Practice of social work also means providing social work services in a position for which the educational basis is the individual's degree in social work described in subdivision 13. (b) Social work services include: (1) providing assessment and intervention through direct contact with clients, developing a plan based on information from an assessment, and providing services which include, but are not limited to, assessment, case management, client-centered advocacy, client education, consultation, counseling, crisis intervention, and referral; (2) providing for the direct or indirect benefit of clients through administrative, educational, policy, or research services including, but not limited to: (i) advocating for policies, programs, or services to improve the well-being of clients; (ii) conducting research related to social work services; (iii) developing and administering programs which provide social work services; (iv) engaging in community organization to address social problems through planned collective action; (v) supervising individuals who provide social work services to clients; (vi) supervising social workers in order to comply with the supervised practice requirements specified in sections 148E.100 to 148E.125; and (vii) teaching professional social work knowledge, skills, and values to students; and (3) engaging in clinical practice.

148E.275 UNAUTHORIZED PRACTICE. No individual may: (1) engage in the practice of social work without a social work license under sections 148E.055 and 148E.060, except when the individual is exempt from licensure according to section 148E.065; (2) provide social work services to a client who resides in this state when the individual providing the services is not licensed as a social worker according to sections 148E.055 to 148E.060, except when the individual is exempt from licensure according to section 148E.065.

Medical assistance payments

9505.0371 MEDICAL ASSISTANCE COVERAGE REQUIREMENTS FOR OUTPATIENT MENTAL HEALTH SERVICES.

Subp. 10. TELEMEDICINE SERVICES. Mental health services in part 9505.0372 covered as direct face-to-face services may be provided via two-way interactive video if it is medically appropriate to the client's condition and needs. The interactive video equipment and connection must comply with Medicare standards that are in effect at the time of service. The commissioner may specify parameters within which mental health services can be provided via telemedicine.

Certification of integrated treatment

Minn. R. 9533.0020 (2017)

9533.0020 DEFINITIONS.

Subp. 38. TELEMEDICINE. For integrated treatment, "telemedicine" has the meaning given to the phrase "mental health telemedicine" in Minnesota Statutes, section 256B.0625, subdivision 46, when telemedicine is used to provide integrated treatment.

## **NEW HAMPSHIRE**

[New Hampshire Statutes](#)

330-A:26 Applicants From Other States.

I. The board shall license any applicant who is licensed in any other state, provided the other state's licensure requirements are substantially equivalent to or higher than those of this state.

II. An applicant whose state licensure meets the requirements in paragraph I shall be deemed able to practice in this state not more than 60 days after the application is received by the board pending final approval or denial for other reason by the board. The board shall adopt rules under RSA 541-A to ensure the timely review and approval of applications under this section.

*New Hampshire Board of Mental Health Practice Policy statement of interpretation of statutory authority approved by the Board on February 17, 2012*

In light of the recent queries posed to the Board concerning out-of-state-practice, practice via the internet, practice through the use of videoconference, and via other technologies, the Board clarifies as follows:

#### OUT-OF-STATE PRACTICE

Pursuant to NH RSA chapter 330-A

If you are located in New Hampshire and are providing mental health services to a consumer located in another jurisdiction, you are considered to be practicing in New Hampshire and need to be licensed in this State.

If you are located in another state and are providing mental health services to a consumer located in New Hampshire, you are considered to be practicing in New Hampshire and need to be licensed in this State.

In either case, you might also be considered to be practicing in another jurisdiction. This statement is not intended to interpret the laws of any other jurisdiction.

If you are about to engage in therapy with a mental health provider in New Hampshire you would be advised to contact the Board of Mental Health Practice to check if the provider is licensed in New Hampshire (603-271-6762) or check on line at [www.nhlicenses.nh.gov](http://www.nhlicenses.nh.gov).'

## NEVADA

### [Nevada Administrative Code](#)

NAC 641B.124 Practice by electronic, telephonic or other means.

The provision of social work services to a client within this State through any means, including, without limitation, electronic means or by telephone, regardless of the location of the social worker, constitutes the practice of social work and is subject to the provisions of chapter 641B of NRS and any regulations adopted pursuant to that chapter.

## NEW MEXICO

### [New Mexico Board of Social Work Examiners](#)

16.63.16.8 Social Workers' Ethical Responsibilities to Clients

D.(5) Social workers who provide services via electronic media (such as computer, telephone, radio, and television) shall inform recipients of the limitations and risks associated with such services.

### [Social services health care professional services general benefit description](#)

M. Telemedicine services:

(1) The telemedicine originating-site is the location of a MAP eligible recipient at the time the service is being furnished via an interactive telemedicine communications system. The origination-site can be any medically warranted site. An interactive telemedicine communication system must include both interactive audio and video and be delivered on a real-time basis at the originating and distant-sites. Coverage for services rendered through telemedicine shall be determined in a manner consistent with medicaid coverage for health care services provided through in person consultation.

Provision of telemedicine services does not require that a certified medicaid healthcare provider be physically present with the patient at the originating site unless the telemedicine consultant at the distant site deems it necessary.

(2) The distant-site is the location where the consulting telemedicine provider is physically located at time of the telemedicine service. All services are covered to the same extent the service and the provider are covered when not provided through telemedicine. For these services, use of the telemedicine communications system fulfills the requirement for a face-to-face encounter.

(3) MAD will reimburse for services delivered through store-and forward. To be eligible for payment under store-and-forward, the service must be provided through the transference of digital images, sounds, or previously recorded video from one location to another; to allow a consulting provider to obtain information, analyze it, and report back to the referring physician providing the telemedicine consultation. Store-and-forward telemedicine includes encounters that do not occur in real time (asynchronous) and are consultations that do not require a face-to-face live encounter between patient and telemedicine provider.

(4) Telemedicine providers: Reimbursement for professional services at the originating-site and the distant-site are made at the same rate as when the services provided are furnished without the use of a telecommunication system. In addition, reimbursement is made to the originating-site for an interactive telemedicine system fee at the lesser of the provider's billed charge; or the maximum allowed by MAD for the specific service or procedure.

(5) A telemedicine originating-site communication system fee is covered if the MAP eligible recipient was present at and participated in the telemedicine visit at the originating-site and the system in use meets the definition of a telemedicine system.

(6) Noncovered telemedicine services: A service provided through telemedicine is subject to the same program restrictions, limitations and coverage which exist for the service when not provided through telemedicine.

## OHIO

### [Ohio Counselor, Social Worker, & Marriage and Family Therapist Board Laws and Rules](#)

Electronic service delivery is defined in paragraph (EE) of rule 4757-3-01 of the Administrative Code. Licensees are reminded that standards of ethical practice and professional conduct rules 4757-5-01 to 4757-5-12 of the Administrative Code apply to electronic service delivery.

(EE) "Electronic service delivery" (electronic therapy, cyber therapy, e-therapy, etc.) means counseling, social work or marriage and family therapy in any form offered or rendered primarily by electronic or technology-assisted approaches , except telephonic, when the counselor, social worker or marriage and family therapist and the client are not located in the same place during delivery of services.

(A) These standards govern the practice of electronic service delivery and address practices that are

unique to electronic service delivery and electronic service delivery practitioners.

(1) All practitioners providing counseling, social work or marriage and family therapy via electronic service

delivery to persons physically present in Ohio shall be licensed in Ohio.

(2) All licensees of this board providing services to clients outside the state of Ohio shall comply with the laws and rules of that jurisdiction.

(3) Electronic service delivery shall require an initial face-to-face meeting, which may be via video/audio electronically, to verify the identity of the electronic service delivery client. At that meeting steps shall be

taken to address impostor concerns, such as by using passwords to identify the client in future electronic contacts.

(4) Informed consent shall include information defining electronic service delivery as practiced by the licensee and the potential risks and ethical considerations per paragraph (B) of rule 4757-5-02 of the Administrative Code.

(a) Licensees shall obtain written informed consent.

(b) Licensees shall not provide services without client signed informed consent.

(5) Licensees shall provide links to websites for all of their certification bodies and licensure boards to facilitate consumer protection.

(6) Licensees shall identify an appropriately trained professional who can provide local assistance, including crisis intervention, if needed. Licensees shall provide electronic service delivery clients the local

crisis hotline telephone number and the local emergency mental health telephone number.

(7) Licensees shall provide a link to the board's online license verification site on their web page.

(B) Confidentiality in electronic service delivery shall be maintained by the licensee:

(1) Licensees shall use encryption methods for electronic service delivery, except for treatment reminders, scheduling contacts or other information provided outside of a therapeutic context; and

(2) Shall inform electronic service delivery clients details of data record storage.

### [Electronic Service Delivery or Online/Internet Therapy](#)

Consumer Information Regarding Electronic Service Delivery 4757-5-13 Standards of practice and professional conduct: electronic service delivery (internet, email, teleconference, etc.).

The Ohio Counselor, Social Worker & Marriage and Family Therapist Board (OCSWMFTB) provides the following information to Ohio consumers who choose to receive services using electronic means (e.g., “e-therapy” or online/internet therapy, etc.).

Individuals who provide counseling, social work, or marriage and family therapy services, either in person, or electronically are required by Ohio law to be licensed by the OCSWMFTB. The licenses issued by the OCSWMFTB to Ohio counselors, social workers, and marriage and family therapists who have met and maintained legally required qualifications are intended to safeguard Ohio consumers against unauthorized, unqualified, and improper practices and also to identify the scope and limitations of authorized practices.

The licenses and credentials issued by the OCSWMFTB authorize Ohio counselors, social workers, and marriage and family therapists to practice within the State of Ohio. However, an Ohio counselor, social worker, and marriage and family therapist who otherwise engages in ESD with a non-Ohio client in another state or country, must also be authorized to practice in the jurisdiction where that client is



located. Because the licensing laws and regulations for practicing will vary from one state to another, non-Ohio consumers seeking ESD should require confirmation from their provider that he or she is authorized in that particular location to provide ESD.

A counselor, social worker, and/or marriage and family therapist who uses electronic means to provide services shall abide by all regulations of their professional practice, understanding that their practice may be subject to regulation in both the jurisdiction in which the client receives services and the jurisdiction in which he or she provides those services.

Cautious consumers seeking ESD should consider the following:

1. Verify that the practitioner has a current and valid license in the State of Ohio.
2. A person who provides services using the Internet shall have a web site, which must include information relative to the license the licensee holds, his or her physical location, his or her contact information, contact information for the licensing Board(s) and display of licensure. See 4756.13 Prominent display of license <http://codes.ohio.gov/orc/4757.13>
3. Understand the fee that you will pay for the services rendered.

4. Fully comprehend how and to whom the fee is paid.
5. Be satisfied with the methods used to ensure the confidentiality of communication with and by the provider.
6. Make yourself aware of the risks and benefits of receiving the services so you can make an informed choice about the services provided.

Per paragraph (B) of rule 4757-5-02 of the Administrative Code, counselors, social workers and marriage and family therapists shall provide services to clients only in the context of a professional relationship with a valid informed consent. Licensees shall inform clients/consumers of services the extent and nature of services available to them, as well as the limits, rights, opportunities and obligations associated with the services to be provided which might affect the decisions of clients/consumers of services to enter into or continue the relationship.

1. Licensees and registrants shall use clear and understandable language to inform clients of the purposes of services, limits to the services due to legal requirements, relevant costs, reasonable alternatives, the clients' rights to refuse or withdraw consent, and the time frame covered by the consent.

2. If a client, because of age or mental condition, is not competent to provide informed consent the licensee will obtain consent from the parent, guardian, or court appointed representative. Best professional practice dictates that a counselor, social worker, or marriage and family therapist shall adhere to the court documents. A counselor, social worker, or marriage and family therapist who does not understand the court document shall contact the court for clarification before proceeding with treatment.

3. Licensees shall use clear and understandable language when discussing issues related to informed consent.

## **OKLAHOMA**

### [Board of Licensed Social Workers](#)

Title 59 O.S. Section 1250-1273

§ 1270. Unlawful acts – Penalties

B.4. The provision of social work services to an individual in this state, through telephonic, electronic or other means, regardless of the location of the social worker, shall constitute the practice of social work and shall be subject to regulation.

### [Oklahoma Administrative Code](#)

Title 675. State Board of Licensed Social Workers

### 675:1-1-1.1. Definitions

For purposes of this title, the following words and terms shall have the following meaning unless the context clearly indicates otherwise:

“Educational supervision” means face to face interaction between the supervisor and supervisee. Face to face supervision does not include interaction through electronic means unless said interaction is approved by the Board on a case by case basis prior to the supervision.

## OREGON

### [Behavioral Health Services Administrative Rulebook](#)

#### 410-172-0850 Telemedicine for Behavioral Health

(1) Telemedicine encompasses different types of programs, services, and delivery mechanisms for medically appropriate covered services within the recipient's benefit package:

(a) Patient consultations using telephone and online or electronic mail (e-mail) are covered when billed services comply with the practice guidelines set forth by the Health Evidence Review Commission and the applicable HERC-approved code requirements, delivered consistent with the HERC Evidence-Based Guidelines;

(b) Patient consultations using videoconferencing, a synchronous (live two-way interactive) video transmission resulting in real time communication between a provider located in a distant site and the recipient being evaluated and located in an originating site, is covered when billed services comply with the billing requirements stated below.

(2) Behavioral health services specifically identified as allowable for telephonic delivery are listed on the Behavioral Health Fee schedule published by the Authority.

(3) Unless expressly authorized in OAR 410-120-1200 (Exclusions), other types of telecommunications are not covered such as images transmitted via facsimile machines and electronic mail when:

(a) Those methods are not being used in lieu of videoconferencing, due to limited videoconferencing equipment access; or

(b) Those methods and specific services are not specifically allowed pursuant to the Oregon Health Evidence Review Commission's Prioritized List of Health Services and Evidence Based Guidelines.

(4) Providers billing for covered telemedicine services shall:

(a) Comply with HIPAA and the Authority's Confidentiality and Privacy Rules and security protections for the patient in connection with the telemedicine communication and related records;

(b) Obtain and maintain technology used in the telemedicine communication that is compliant with privacy and security standards in HIPAA and the Authority's Privacy and Confidentiality Rules set forth in OAR 943 division 14;

(c) Ensure policies and procedures are in place to prevent a breach in privacy or exposure of patient health information or records (whether oral or recorded in any form or medium) to unauthorized individuals;

(d) Comply with the relevant HERC evidence-based guidelines for telephone and e-mail consultation.

Refer to the current prioritized list and evidence based guidelines at

<http://www.oregon.gov/oha/herc/Pages/PrioritizedList.aspx>;

(e) Maintain clinical and financial documentation related to telemedicine services as required in OAR 410-120-1360.

(5) For purposes of behavioral health services, the Authority shall provide coverage for telemedicine services to the same extent that the services would be covered if they were provided in person.

## **SOUTH CAROLINA**

### [South Carolina Code of Laws](#)

Title 40 – Professions and Occupations

SECTION 40-63-30. License as prerequisite to practice or offer to practice; providing social work services through telephone or electronic means.

(A) No individual shall offer social work services or use the designation "Social Worker", "Licensed Baccalaureate Social Worker", "Licensed Masters Social Worker", "Licensed Independent Social Worker-Clinical Practice", "Licensed Independent Social Worker-Advanced Practice", or the initials "LBSW", "LMSW", or "LISW" or any other designation indicating licensure status or hold themselves out as practicing social work or as a Baccalaureate Social Worker, Masters Social Worker, or Independent Social Worker unless licensed in accordance with this chapter.

(B) A person providing social work services to a client in this State, through telephonic, electronic, or other means, regardless of the location of the social worker, who is not licensed in this State, is practicing without a license.

## **SOUTH DAKOTA**

### [Outpatient mental health services](#)

ARSD 67:62:10:03 (2017)

67:62:10:03. Reimbursable services

Reimbursable services are limited to face-to-face and collateral contacts, at a minimum of 15 minutes in length, for the purpose of providing comprehensive mental health treatment pursuant to § 67:62:10:02. Telemedicine services may be reimbursable as identified on the division's fee schedule.

## **TEXAS**

### [Texas Administrative Code](#)

Part 34, Chapter 781

§781.102. Definitions.

(25) Electronic practice--Interactive social work practice that is aided by or achieved through technological methods, such as the web, the Internet, social media, electronic chat groups, interactive TV, list serves, cell phones, telephones, faxes, and other emerging technology.

§781.204. Relationships with Clients.

(k) Electronic practice may be used judiciously as part of the social work process and the supervision process. Social workers engaging in electronic practice must be licensed in Texas and adhere to provisions of this chapter.

### [Reimbursement methodology for Telemedicine, Telehealth and Home Telemonitoring Services](#)

(c) HHSC reimburses eligible distant site professionals providing telehealth services as follows:

(1) Licensed professional counselors, including licensed marriage and family therapists, and licensed clinical social workers (including Comprehensive Care Program social workers) are reimbursed for their Medicaid telehealth services in the same manner as their other professional services in accordance with § 355.8091 of this title (relating to Reimbursement to Licensed Professional Counselors, Licensed Clinical Social Workers, and Licensed Marriage and Family Therapists).

### [Mental health community services standards](#)

### § 412.303. Definitions

The following words and terms, when used in this subchapter, have the following meanings, unless the context clearly indicates otherwise:

(21) Face-to-face--A contact with an individual that occurs in person. Face-to-face does not include contacts made through the use of video conferencing or telecommunication technologies, including telemedicine.

25 TAC § 412.316 (2017)

### § 412.316. Competency and Credentialing

(E) telemedicine competencies must be included for positions in which a staff member's job duties are related to assisting with telemedicine services and include adequate and accurate knowledge of: (i) operation of the telemedicine equipment; and (ii) how to use the equipment to adequately present the individual.

25 TAC § 412.321 (2017)

### § 412.321. Crisis Services

(2) QMHP-CS assessment. Individuals experiencing a crisis, as determined by a QMHP-CS screening, must be assessed face-to-face or via telemedicine by someone who is at least credentialed as a QMHP-CS within one hour after the individual presents to the provider in a crisis, either via the crisis hotline or a face-to-face encounter (e.g., walk-in). The QMHP-CS must provide ongoing crisis services until the crisis is resolved or the individual is placed in a clinically appropriate environment.

25 TAC § 412.322 (2017)

### § 412.322. Provider Responsibilities for Treatment Planning and Service Authorization

(a) Assessment and documentation. At the first routine face-to-face or telemedicine contact with an individual seeking routine care services, as described in § 412.314(d)(2) of this title (relating to Access to Mental Health Community Services,) a QMHP-CS with appropriate supervision and training must perform an assessment of the individual.

(b) Diagnostics. The diagnosis of a mental illness must be:

(1) rendered by an LPHA, acting within the scope of his/her license, who has interviewed the individual, either face-to-face or via telemedicine;

(3) Any time the treatment plan is reviewed, the provider must:

(A) meet with the individual either face to face or via telemedicine to solicit and consider input from the individual regarding a self-assessment of progress toward the recovery goals, as described in subsection (e)(1)(E) of this section;

25 TAC § 412.324 (2017)

### § 412.324. Additional Standards of Care Specific to Mental Health Community Services for Children and Adolescents

(a) Administration of the uniform assessment. The uniform assessment must be administered face-to-face or via telemedicine with the individual and the LAR (if applicable) or primary caregiver as clinically appropriate according to the child's or adolescent's age, functioning, and current living situation.

25 TAC § 412.325 (2017)

### § 412.325. Telemedicine Services

The LMHA, MCO, and provider must ensure that if a provider uses telemedicine, it is implemented in accordance with written procedures and using a protocol approved by the LMHA's or MCO's medical director. Procedures regarding the provision of telemedicine service must include the following requirements:

(1) clinical oversight by the LMHA's or MCO's medical director or designated physician responsible for medical leadership;

(2) contraindications for telemedicine use;

(3) qualified people to ensure the safety of the individual being served by telemedicine at the remote site; and

(4) use by credentialed or licensed providers who provide clinical care within the scope of their credential or license.

25 TAC § 412.326 (2017)

§ 412.326. Documentation of Service Provision

(a) Progress note content. Except for crisis services as described in § 412.321 of this title (relating to Crisis Services) and day programs for acute needs as described in Chapter 419, Subchapter L of this title (relating to Mental Health Rehabilitative Services), and case management services as described in Chapter 412, Subchapter I of this title (relating to Mental Health Case Management Services), a provider must document the provision of all other mental health community services, each service encounter and include at least the following:

(8) the method of service provision (e.g., face-to-face, phone, telemedicine);

## **VIRGINIA**

### [Agency 30. Department of Medical Assistance Services](#)

Addiction and recovery treatment services

12 VAC 30-130-5020 (2017)

12 VAC 30-130-5020. Definitions.

"Telemedicine" means the practice of the medical arts via electronic means rather than face-to-face.

12 VAC 30-130-5060 (2017)

### [12 VAC 30-130-5060. Covered Services: Clinic Services - Office-Based Opioid Treatment.](#)

1. OBOT service components.

f. Cognitive, behavioral, and other substance use disorder-focused therapies, reflecting a variety of treatment approaches, shall be provided to the individual on an individual, group, or family basis and shall be provided by credentialed addiction treatment professionals working in collaboration with the buprenorphine-waivered practitioner who is prescribing buprenorphine products or naltrexone products to individuals with moderate to severe opioid use disorder. These therapies can be provided via telemedicine as long as they meet the department's requirements for an OBOT and for the use of telemedicine. (See the Medicaid Memo entitled "Updates to Telemedicine Coverage" dated May 13, 2014.)

2. Credentialed addiction treatment professionals shall work in collaboration with the buprenorphine-waivered practitioner who is prescribing buprenorphine products or naltrexone products to individuals with moderate to severe opioid use disorder. This collaboration can be in person or via telemedicine as long as it meets the department's requirements for the OBOT setting and for telemedicine.

## **WASHINGTON**

### [Applied behavior analysis – Services provided via telemedicine](#)

WAC 182-531A-1200. Applied behavior analysis (ABA)-Services provided via telemedicine.

Telemedicine, as defined in chapter 182-531 WAC, may be used to provide the following authorized services:

(1) Program supervision when the client is present; and

(2) Family training, which does not require the client's presence.

### [School-based health care services](#)

WAC 182-537-0400. Covered services.

All services covered under this section may be provided through telemedicine as described in WAC 182-531-1730. Covered services include:

- (1) Evaluations when the child is determined to have a disability, and is in need of special education and health care-related services that result in an IEP or IFSP;
- (2) Health care-related services including:
  - (a) Audiology;
  - (b) Counseling;
  - (c) Nursing;
  - (d) Occupational therapy;
  - (e) Physical therapy;
  - (f) Psychological assessments; and
  - (g) Speech-language therapy.
- (3) Reevaluations, to determine whether a child continues to need special education and health care-related services.