

COVID-19 Telehealth FAQs

Mike DeWine, Governor
Lori Criss, Director

May 2020

What laws, rules, and/or executive orders apply to telehealth for behavioral health services in Ohio?

Emergency order — Governor DeWine signed [Executive Order 2020-01D](#), on March 9, 2020, declaring a state of emergency in Ohio to protect the well-being of Ohioans from the dangerous effects of COVID-19. The state of emergency allows state departments and agencies to better coordinate in their responses.

State Medical Board of Ohio

Emergency Rule — No changes to existing rules. See guidance at State Medical Board of Ohio Telemedicine Guidance, effective March 9, 2020: <https://med.ohio.gov/Telemedicine-Guidance>. Effective March 9, 2020, providers can use telemedicine in place of in-person visits. Throughout the declared COVID-19 emergency, the Medical Board will not enforce in-person visit requirements normally required in Medical Board rules. Suspension of these enforcement requirements includes, but is not limited to:

- Prescribing controlled substances
- Prescribing for subacute and chronic pain
- Prescribing to patients not seen by the provider
- Pain management
- Medical marijuana recommendations and renewals
- Office-based treatment for opioid addiction

Providers must document their use of telemedicine and meet minimal standards of care. The Medical Board will provide advance notice before resuming enforcement of the above regulation when the state emergency orders are lifted.

Out-of-state providers

The board has two existing statutory provisions in [ORC 4731.36](#) that support out-of-state telemedicine:

- Physicians treating patients who are visiting Ohio and unable to leave because of the emergency
- Physicians in contiguous states who have existing patient relationships with Ohio residents

Summary of Medical Board Guidance — Telemedicine, Emergency Licensure and Continuing Education Changes for State Medical Board of Ohio Licensees

[Telemedicine, Emergency Licensure and Continuing Education](#)

[Telemedicine Guidance](#)

[Board Action on Telemedicine, Emergency Licensure and Continuing Education](#)

Ohio Board of Psychology

March 11, 2020, Ohio Board of Psychology Guidance — [COVID-19 Alert, Options for Ensuring Client Welfare via Telecommunications](#)

Telepsychology OAC 4732-17-01, Paragraph (H) in the Rules of Professional Conduct (<http://codes.ohio.gov/oac/4732-17>) contains the requirements, prohibitions, and exceptions related to the formal practice of telepsychology, and paragraph (B) of the Supervision Rules (<http://codes.ohio.gov/oac/4732-13>) lists requirements relative to the conduct of psychological supervision via telepsychology. As public health measures temporarily restrict movement, continuity of in-person services and supervision will be impacted, and license holders will need to make decisions about managing interruptions in a manner consistent with Board rules.

March 20, 2020, Ohio Board of Psychology — [COVID-19 Alert 2, Additional Telepsychology Clarifications](#)

Ohio Counselor, Social Worker, and Marriage and Family Therapist Board

Emergency Rule: [4557-5-13](#) amended — Teletherapy

The emergency amendments to Rule 4757-5-13 expand access to teletherapy services for clients by: clarifying that no training is *required* prior to providing teletherapy, however, the rule does require that licensees provide services only if they can competently provide such services; it waives the requirement to hold a face-to-face meeting in-person or via video prior to rendering services; allows for verbal consent when written consent cannot be obtained; and it follows federal guidance regarding HIPAA-compliant technology. These changes align with changes to Ohio's Medicaid rules.

Ohio Chemical Dependency Professionals Board

Currently, the OCDP Board does not preclude any type of its treatment licensees/certificate holders from providing telehealth services. Be advised that license/certificate holders should follow the OCDP Board website updates.

Those providing telehealth services should be cautious of the following:

1. Follow all laws, rules, regulations, and executive orders.
2. Stay within the bounds of your scope of practice.
3. While the OCDP Board does not currently have a rule that addresses telehealth, the Ohio Department of Mental Health and Addiction Services (OhioMHAS) has issued guidance that all CDCA, LCDC II and III, and LICDC license/certificate holders should follow. See: [OhioMHAS Interactive Videoconferencing Emergency Rule 5122-29-31](#) and [Coronavirus Information — Telehealth](#). Check for updates on the OhioMHAS website at mha.ohio.gov.
4. Ohio Department of Medicaid (ODM) rules must be followed for Medicaid billing. See: [Ohio Administrative Code 5160-8-05](#), ODM's [5160-1-21](#) Telehealth during a state of emergency and its [appendix](#) (new rule), and [ODM COVID-19 Emergency Telehealth Rules Frequently Asked Questions](#). Check for updates on the ODM website at medicaid.ohio.gov.

Ohio Department of Mental Health and Addiction Services

OhioMHAS' emergency rule creates additional flexibilities in the agency's regulations governing interactive videoconferencing.

OhioMHAS Emergency Rule [5122-29-31](#) Interactive videoconferencing

- Allows the definition of "interactive videoconferencing" to include asynchronous activities that do not have both audio and video elements. Some examples of these asynchronous activities include telephone calls, images transmitted via facsimile (fax) machine, and electronic mail (email).
- Allows both new and established patients to receive services through interactive videoconferencing, and explicitly states that no initial face-to-face visit is necessary to initiate telehealth services.
- Adds new behavioral health services that can be delivered via interactive videoconferencing, include peer recovery, SUD (substance use disorder) case management, crisis intervention, assertive community treatment (ACT), and intensive home-based treatment (IHBT) services.
- Prior to consolidation of the ODADAS (Ohio Department of Alcohol and Drug Addiction Services) and ODMH (Ohio Department of Mental Health) rules, SUD case management could be provided via interactive videoconferencing. While this rule is temporary, the inclusion of SUD case management will be made permanent as soon as possible, and any provider who provided SUD case management by interactive videoconferencing during the omission period will be held harmless. [Emergency Rules Expand Access to Telehealth Services March 20, 2020](#). STAKEHOLDER MITS BITS: Stakeholder Information Release — To view previous MITS BITS, click [HERE](#). Expanded Access to Telehealth Page 2.
- Incorporates by reference the Office of Civil Rights' Notification of HIPAA Enforcement

Ohio Department of Medicaid Emergency Rule: 5160-1-21 Telehealth during a state of emergency — ODM's emergency rule creates a new Medicaid telehealth rule that governs reimbursement policies for Medicaid providers rendering services through telehealth.

ODM Emergency Rule 5160-1-21 Telehealth during a state of emergency

- Incorporates by reference the Office of Civil Rights' Notification of HIPAA Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency

- Removes certain Medicaid coverage and billing restrictions for specific behavioral health services including assertive community treatment (ACT), intensive home-based treatment (IHBT), therapeutic behavioral services (TBS), psychosocial rehabilitation (PSR), behavioral health crisis intervention services, and peer recovery support services.

What is an Ohio Certified Behavioral Health Center and how does that apply to me?

The Ohio Department of Mental Health and Addiction Services has statutory and regulatory authority over providers of behavioral health services to Ohio consumers. Separate standards apply depending on the type and level of service provided. The type and level of service is organized in the following manner: [community behavioral health agencies](#), [residential facilities](#), and [inpatient psychiatric service providers](#).

Community behavioral health agencies require **certification** by OhioMHAS when they provide mental health services that are funded by a community mental health board or when they are subject to department licensure of a residential facility according to section 5119.22 of the Ohio Revised Code. Community behavioral health agencies may also voluntarily request certification.

Residential facilities (non-substance use disorder) require **licensure** by the department if they operate a publicly or privately operated home or facility serving an individual(s) with mental illness.

Inpatient psychiatric service providers require **licensure** if they are private psychiatric hospitals providing acute inpatient mental health services.

The OhioMHAS Bureau of Licensure and Certification performs regulatory activities regarding community behavioral health providers, private psychiatric hospitals, and residential facilities that provide mental health services and activities to persons with mental illness or a severe mental disability. Regulatory activities include on-site surveys, inspections, and reviews to determine compliance with the applicable administrative rules. Providers are certified every three years, private psychiatric units/hospitals are licensed annually, and residential facilities (non-SUD) are licensed every two years. Entities in compliance are issued a certificate and/or license to conduct specific behavioral health services and activities.

Other activities include technical assistance on the application and survey process; maintenance certification and licensure database; responding to and investigating complaints and concerns related to health and safety and other administrative rule violations; and following up on private psychiatric hospital incident notification reports and community/residential incident notification reports.

If you are not a licensed or certified agency or facility, or not an employee of one of these provider types, the OhioMHAS rules and Ohio Medicaid rules specific to licensed or certified facilities and agencies do not apply to you. You will need to comply with all licensing board rules and Medicaid rules for non-certified providers.

For more information regarding OhioMHAS' Bureau of Licensure and Certification, visit <https://bit.ly/2yDdfCc>.

Do I need any special training or certification to evaluate and treat patients/clients with electronic modes of communication (telehealth)?

State Medical Board of Ohio — No special training or certification is required to provide services via telemedicine.

Ohio Board of Psychology — License holders undertaking the practice of telepsychology for the first time should pay special attention to the Board rules and should obtain education and consultation as needed to reach an entry level (at minimum) of competence prior to proceeding. [COVID-19 Alert 2](#). License holders shall establish and maintain current competence in the professional practice of telepsychology through continuing education, consultation, or other procedures, in conformance with prevailing standards of scientific and professional knowledge. License holders shall establish and maintain competence in the appropriate use of the information technologies utilized in the practice of telepsychology.

License holders recognize that telepsychology is not appropriate for all psychological problems and clients, and decisions regarding the appropriate use of telepsychology are made on a case-by-case basis. License holders practicing telepsychology are aware of additional risks incurred when practicing psychology or school psychology

through the use of distance communication technologies and take care to conduct their professional practice in a manner that protects the welfare of the client and ensures that the client's welfare is paramount.

Ohio Counselor, Social Worker and Marriage and Family Therapist Board — The emergency amendments to Rule 4757-5-13 expand access to teletherapy services for clients by: clarifying that no training is required prior to providing teletherapy, however, the rule does require that licensees provide services only if they can competently provide such services. Those interested in taking continuing education about teletherapy should visit the CE Broker website at <https://courses.cebroker.com/search> and search for courses using the term "telehealth". Licensees are encouraged to review the guidance provided by the U.S. Department of Health and Human Services that can be found at <https://bit.ly/36xsTvf>.

Ohio Chemical Dependency Professionals Board — [Guidance on the Use of Asynchronous Telehealth Modalities](#)

If I am currently licensed or credentialed in a state other than Ohio, do I need to be licensed with the appropriate licensing or credentialing board in Ohio to evaluate and treat patients/clients who are physically located in Ohio at the time of the service?

State Medical Board of Ohio — Yes. You must have a current Ohio Medical license.

Emergency Licensure — The Board authorizes board staff to work with the State Emergency Management Agency, or other governmental entities as identified, to effectuate Ohio licensure eligibility for out-of-state doctors who are called upon to respond to the COVID-19 emergency in Ohio.

Ohio Board of Psychology — To practice telepsychology in the state of Ohio, one must hold a current, valid license issued by the Ohio Board of Psychology or shall be a registered supervisee of a licensee being delegated telepsychology practices in compliance with paragraphs (B) and (C) of rule 4732-13-04 of the Administrative Code.

Ohio Counselor, Social Worker and Marriage and Family Therapist Board — The CSWMFT Board is aware that many colleges and universities have asked students to return home temporarily as a response to COVID-19. Other persons may also be returning to Ohio, from an out-of-state work assignment, for example. In some cases, these individuals are receiving services from Counselors, Social Workers, and MFTs in the states in which they were residing before returning to Ohio. Under Ohio Administrative Code Rule 4757-1-09, with the permission of the CSWMFT Board, counselors, social workers, and marriage and family therapists holding a license to practice in another state may provide teletherapy services to existing clients temporarily located in Ohio. The out-of-state licensee will be considered in compliance with Rule 4757-1-09 if they contact the Board via an email application.

The email application should:

1. Indicate their intention to provide services to a client (do not disclose the client name) temporarily located in Ohio in response to COVID-19;
2. Include the license type and license number of the out-of-state license;
3. Confirm the licensee has training and experience in providing teletherapy or will have access to appropriate supervision and peer consultation.

Submit the e-mail application to Tiffany Coutts, renewal coordinator, at renewal@cswb.ohio.gov. Upon receipt of the application, the Board will acknowledge receipt of the email. The licensee may then begin providing teletherapy services. It is the Board's expectation that professionals approved to provide such services will do so exercising the utmost care in protecting client confidentiality. Licensees may wish to refer to Ohio Administrative Code Rule 4757-5-13 for information regarding the Board's expectations when using teletherapy. If the out-of-state licensee does not have an existing therapeutic relationship with the client before the date of this memo, the licensee must apply to the CSWMFT Board for a license to practice counseling, social work, or marriage and family therapy. The intention of the temporary permission to practice rule is to facilitate continuity of care. It is not a general teletherapy rule. Licensees approved under this memo will have temporary permission to practice in Ohio for 60 days following the end of the emergency declared by Governor Mike DeWine, at which time the CSWMFT Board will assess the need to extended permission based on current circumstances. [Standards of practice and professional conduct: electronic](#).

Ohio Chemical Dependency Professionals Board — Reciprocity

The OCDP Board is a member of the International Certification and Reciprocity Consortium. Membership in the IC&RC requires a commitment to adhere to multi-faceted requirements designed to ensure counselor competence.

Counselors licensed in Ohio at the LCDC II level or above and prevention professionals certified at the OCPS level or above are eligible for reciprocity in the more than 50 states and countries that are members of the IC&RC, provided that same level of credential is offered and you meet that state's requirements. Additional requirements may be imposed upon the certified/licensed addiction professional depending on the laws and regulations governing the practice of addiction related services in the new jurisdiction/state.

To obtain a reciprocal endorsement with the OCDP Board:

Prevention professionals: A reciprocal endorsement is automatically awarded when the OCPS or OCPC licenses are granted.

Chemical dependency counselors: Individuals who held an LCDC II, LCDC III, or LICDC on March 22, 2013, automatically hold a reciprocal endorsement. Individuals who received an LCDC II, LCDC III, LICDC or LICDC-CS after that date are welcome to complete the [reciprocal endorsement application](#) to demonstrate they have met IC&RC standards to hold the reciprocal endorsement status. This process need only be completed once and awards a reciprocal endorsement for the duration the license is held. Once an individual holds a reciprocal endorsement he/she can request reciprocity to another jurisdiction/state.

See below: Reciprocity out of Ohio.

Individuals who hold a reciprocal endorsement can also purchase a printed International Certificate through IC&RC by completing the order form for international certificate at www.ocdp.ohio.gov under the Certification and Licensure/ Reciprocity link. An international certificate is directly tied to a professional's credential with his/her state board using the same expiration date used by the state board. If a state credential lapses so does the international certification.

Are there site restrictions for either the patient or client and/or the clinician when utilizing telehealth?

Ohio Department of Mental Health and Addiction Services — Practitioner and Patient Site Locations

There will be no limitations on practitioner or patient site locations for Medicaid-reimbursable services delivered via telehealth with the exception of patients who are located in a penal facility or a public institution as defined in rule 5160:1-1-03 of the Administrative Code.

If I hold a current, non-expired Ohio license for my clinical area but I am physically located outside of Ohio can I provide telehealth services to patients/clients who are physically located in Ohio?

State Medical Board of Ohio — The practice of medicine is deemed to occur in the state in which the patient is located. Therefore, any licensee using telemedicine to regularly provide medical services to patients located in Ohio must be licensed to practice medicine in Ohio. Licensees need not reside in Ohio, as long as they have a valid, current Ohio medical license.

Ohio licensees intending to practice medicine via telemedicine technology to treat or diagnose patients who are located outside of Ohio should check with other state licensing boards. Most states require physicians to be licensed, and some have enacted limitations to telemedicine practice or require or offer a special registration.

Ohio Board of Psychology — The Board has amended the requirements and the timeframe for authorization to practice into Ohio via telecommunications during the COVID-19 crisis. First, the \$150 fee remains in effect because it is set in law and we have not received an order or permission to waive the fee. However, numerous accommodations with regards to requirements have been made, as the Board wants to ensure that out-of-state psychologists with Ohio-resident clients can foster continuity of care.

The key changes are:

1. Recognition of all valid independent psychologist licenses at the doctoral and masters level;
2. Extending the 30 practice days to 90 practice days;
3. At the psychologist's discretion, 90 practice days may be extended to supervisees practicing psychology under supervision; and, waiver of the academic transcript submission. Applications are being reviewed and approved within an hour if received during business hours.

To apply for non-resident permission to practice in Ohio without an Ohio license, visit <https://elicense.ohio.gov>. Once you have created your account, you will then be directed to a page on which you will choose "APPLY FOR A NEW LICENSE." When provided with the option of choosing a Board, please select "Psychology Board," then select

the “Non-resident Temporary Permit” option under “Select a License.” Finally, under “Application Type” select “General Application.” You will then confirm your eligibility to apply for temporary permission to practice in the state of Ohio, based upon an active license from another U.S. or Canadian jurisdiction. Upon saving and continuing the eligibility questions, you will proceed through the application documenting your personal information, background information, and answer questions and attestation before submitting your application. Upon submitting your application, you will be unable to make any changes directly to your application, so please be sure to review all information prior to submitting.

After submitting your application, you will be directed to a secure payment site to process your payment for your Non-resident Temporary Permit application. Following payment of your application fee, you will receive email communication from the Board and a receipt.

For questions regarding managing your account or during the setup of your account, please contact the Board at (614) 466-8808. You may also email the Board at info@psy.ohio.gov.

Ohio Counselor, Social Worker and Marriage and Family Therapist Board — 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.

I hold a current Ohio license/credential but my patient/client who I normally provide services to is temporarily located in another state. Am I able to provide telehealth services to this person?

State Medical Board of Ohio — Ohio licensees intending to practice medicine via telemedicine technology to treat or diagnose patients who are located outside of Ohio should check with other state licensing boards. Most states require physicians to be licensed, and some have enacted limitations to telemedicine practice or require or offer a special registration.

Ohio Board of Psychology — License holders understand that the rule does not provide Ohio licensees with authority to practice telepsychology in service to individuals located in any jurisdiction other than Ohio, and licensees bear responsibility for complying with laws, rules, and/or policies for the practice of telepsychology set forth by other jurisdictional boards of psychology: <http://codes.ohio.gov/oac/4732-17->.

Ohio Counselor, Social Worker and Marriage and Family Therapist Board — All licensees of this board providing services to clients outside the state of Ohio shall comply with the laws and rules of that jurisdiction.

Ohio Chemical Dependency Professionals Board - Please contact the Board regarding reciprocity: <https://ocdp.ohio.gov/Certification-and-Licensure/Reciprocity>.

What types of electronic communication methods am I able to use to provide telehealth services?

State Medical Board of Ohio — Physicians who hold a full medical license in Ohio may provide medical services via oral, written or electronic communication.

Ohio Board of Psychology — (1) “Telepsychology” means the practice of psychology or school psychology as those terms are defined in divisions (B) and (E) of section [4732.01](#) of the Ohio Revised Code, including psychological and school psychological supervision, by distance communication technology such as, but not necessarily limited to, telephone, email, internet-based communications, and videoconferencing.

Ohio Counselor, Social Worker and Marriage and Family Therapist Board — Providers can use any audio or video non-public-facing remote communication product that is available to communicate with patients. Facebook Live, Twitch, TikTok, and similar video communication applications are public-facing and should not be used in the provision of telehealth by covered health care providers. Providers are encouraged to notify patients that these third-party applications potentially introduce privacy risks, and providers should enable all available encryption and privacy modes when using such applications. Providers are to exercise professional judgment in the use of telehealth.

Ohio Chemical Dependency Professionals Board — Currently, the OCDP Board does not preclude any type of its treatment licensees/certificate holders from providing telehealth services.

Ohio Department of Mental Health and Addiction Services — OhioMHAS Emergency Rule 5122-29-31 Interactive videoconferencing allows the definition of “interactive videoconferencing” to include asynchronous activities that do not have both audio and video elements. Some examples of these asynchronous activities include telephone calls, images transmitted via facsimile (fax) machine, and electronic mail (email).

Ohio Department of Medicaid — There is no limitation on practitioner site nor patient site. [Telehealth billing](#)

What about HIPAA and 42 CFR?

The U.S. Department of Health and Human Services Office for Civil Rights (OCR), which enforces certain HIPAA regulations, also issued a notification on how HIPAA requirements will be enforced during this public health emergency. Specifically, the “OCR will exercise its enforcement discretion and will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency,” which is effective immediately.

Am I allowed to evaluate and treat new patients/clients by utilizing telehealth?

State Medical Board of Ohio — Effective March 9, 2020, providers can use telemedicine in place of in-person visits. Throughout the declared COVID-19 emergency, the Medical Board will not enforce in-person visit requirements normally required in Medical Board rules.

Ohio Board of Psychology — Note that there is no requirement for an initial face-to-face meeting: <https://bit.ly/36xwDNj>.

Ohio Counselor, Social Worker and Marriage and Family Therapist Board — The emergency amendments to Rule 4757-5-13 expand access to teletherapy services for clients by: clarifying that no training is *required* prior to providing teletherapy, however, the rule does require that licensees provide services only if they can competently provide such services; it waives the requirement to hold a face-to-face meeting in-person or via video prior to rendering services; allows for verbal consent when written consent cannot be obtained; and it follows federal guidance regarding HIPAA-compliant technology. These changes align with changes to Ohio’s Medicaid rules.

Ohio Chemical Dependency Professionals Board — Telehealth

Currently, the OCDP Board does not preclude any type of its treatment licensees/certificate holders from providing telehealth services. Be advised that license/certificate holders should follow the OCDP Board website updates. Those providing telehealth services should be cautious of the following:

1. Follow all laws, rules, regulations, and executive orders.
2. Stay within the bounds of your scope of practice.
3. While the OCDP Board does not currently have a rule that addresses telehealth, the Ohio Department of Mental Health and Addiction Services (OhioMHAS) has issued guidance that all CDCA, LCDC II and III, and LICDC license/certificate holders should follow. See: [OhioMHAS Interactive Videoconferencing Emergency Rule 5122-29-31](#) and [Coronavirus Information — Telehealth](#). Check for updates on the OhioMHAS website at mha.ohio.gov.
4. Ohio Department of Medicaid (ODM) rules must be followed for Medicaid billing. See: [Ohio Administrative Code 5160-8-05](#), ODM’s [5160-1-21](#) Telehealth during a state of emergency and its [appendix](#) (new rule), and [ODM COVID-19 Emergency Telehealth Rules Frequently Asked Questions](#). Check for updates on the ODM website at medicaid.ohio.gov.

Telesupervision: An emergency rule change is in process to allow the CDCA face-to-face supervision requirement to occur by teleconference or telephone. It is unclear at this time if the rule would be applied retroactively to the date of Governor DeWine’s declared state of emergency on March 9, 2020. Please follow our [Board website](#) for updates.

Are there clinical and/or ethical considerations I should be aware of when providing telehealth services?

State Medical Board of Ohio — Providers must document their use of telemedicine and meet minimal standards of care. The Medical Board cautions, however, that licensees practicing via telemedicine will be held to the same standards of care as licensees employing more traditional, in-person medical care.

Ohio Board of Psychology — Managing disruptions with clients

To responsibly manage interruptions to in-person services, it is important to understand what the rules say about engaging in “the practice of telepsychology” versus what they say about making reasonable judgments to temporarily use telecommunications (e.g., phone, text, secure video) in the context of an established face-to-face relationship. The telepsychology rules provide detailed requirements for license holders engaging in a telepsychology practice. However, all license holders are authorized to use telecommunications in practice without following the telepsychology rules under two specific circumstances. See OAC 4732-17-01 (H) Telepsychology: (8). If in the context of a face-to-face professional relationship, the following are exempt from this rule: (a) Electronic communication used specific to appointment scheduling, billing, and/or the establishment of benefits and eligibility for services; and, (b) Telephone or other electronic communications made for the purpose of ensuring client welfare in accordance with reasonable professional judgment.

Please note that (H)(8)(b) gives license holders authority to use their judgment about when a client requires extra support between appointments without having to document all the processes in the telepsychology rules. Therefore, the rule authorizes inter-session telecommunications to manage crises even by license holders who do not necessarily “practice” telepsychology. With the evolving landscape of illness, social distancing, quarantines, and the risk of increased anxiety and other psychological symptoms, it is reasonable for license holders to interpret “ensuring client welfare” broadly, given our dramatic shift in context. Specifically, license holders may judge, on a case-by-case basis, that client welfare and continuity of care requires temporary, judicious use of telephone sessions when the client and license holder are prohibited from meeting in-person because of efforts to contain COVID-19. This temporary leeway is rooted in a specific context and is not to be used as a basis to undertake routine use of telecommunications by exemption from the telepsychology rules for reasons unrelated to the COVID-19 crisis. License holders who wish to routinely deliver services via telecommunications must establish and maintain telepsychology competence and practice in accord with the telepsychology rules. Of course, the use of telecommunications in any context requires reasonable efforts to comply with all of the Rules of Professional Conduct, including documenting informed consent to the use of telecommunications (verbal at a minimum, depending on the circumstances), and reasonable efforts to maintain privacy and safeguard confidentiality: <https://bit.ly/3ceECjT>.

Ohio Counselor, Social Worker and Marriage and Family Therapist Board — The Board recognizes many licensees are embarking on new ways of providing services, which can be challenging. The change to OAC Rule 4757-5-13 offers important flexibility in meeting the needs of clients. However, the code of ethics and scopes of practice remain unchanged. Licensees must continue to practice in ways that ensure client care is not compromised. An example is supervision. Licensees required to be supervised when diagnosing and treating should be receiving supervision regularly as required in the rules. Supervision can occur via video or over the phone.

Ohio Chemical Dependency Professionals Board — Be advised that license/certificate holders should follow the OCDP Board website updates. Those providing telehealth services should be cautious of the following: follow all laws, rules, regulations, and executive orders. Stay within the bounds of your scope of practice.

As an Ohio licensed provider with prescribing authority am I able to prescribe to patients/clients when I have evaluated and treated them via telehealth?

State Medical Board of Ohio — Telemedicine Guidance

Updated March 18, 2020

By the combination of these acts and allowances, Ohio physicians should be free to practice telemedicine and provide continuing care to Ohioans throughout the COVID-19 pandemic. Effective March 9, 2020, providers can use telemedicine in place of in-person visits. Throughout the declared COVID-19 emergency, the Medical Board will not enforce in-person visit requirements normally required in Medical Board rules. Suspension of these enforcement requirements includes, but is not limited to:

- Prescribing controlled substances
- Prescribing for subacute and chronic pain
- Prescribing to patients not seen by the provider
- Pain management
- Medical marijuana recommendations and renewals
- Office-based treatment for opioid addiction

Providers must document their use of telemedicine and meet minimal standards of care. The Medical Board will

provide advance notice before resuming enforcement of the above regulation when the state emergency orders are lifted. On Jan. 31, 2020, the Secretary of the Department of Health and Human Services issued a public health emergency (HHS Public Health Emergency Declaration). Telemedicine can now be used under the conditions outlined in Title 21, United States Code (U.S.C.), Section 802(54)(D). While a prescription for a controlled substance issued by means of the internet (including telemedicine) must generally be predicated on an in-person medical evaluation (21 U.S.C. 829(e)), the Controlled Substances Act contains certain exceptions to this requirement. One such exception occurs when the Secretary of Health and Human Services has declared a public health emergency under 42 U.S.C. 247d (section 319 of the Public Health Service Act), as set forth in 21 U.S.C. 802(54)(D). Secretary Azar declared such a public health emergency with regard to COVID-19. For as long as the Secretary's designation of a public health emergency remains in effect, DEA-registered practitioners may issue prescriptions for controlled substances to patients for whom they have not conducted an in-person medical evaluation, provided all of the following conditions are met:

- The prescription is issued for a legitimate medical purpose by a practitioner acting in the usual course of his/her professional practice.
- The telemedicine communication is conducted using an audio-visual, real-time, two-way, interactive communication system.
- The practitioner is acting in accordance with applicable federal and state law.

Provided the practitioner satisfies the above requirements, the practitioner may issue the prescription using any of the methods of prescribing currently available and in the manner set forth in the DEA regulations. Thus, the practitioner may issue a prescription either electronically (for schedules II-V) or by calling in an emergency schedule II prescription to the pharmacy, or by calling in a schedule III-V prescription to the pharmacy. Important note: If the prescribing practitioner has previously conducted an in-person medical evaluation of the patient, the practitioner may issue a prescription for a controlled substance after having communicated with the patient via telemedicine, or any other means, regardless of whether a public health emergency has been declared by the Secretary of Health and Human Services, so long as the prescription is issued for a legitimate medical purpose and the practitioner is acting in the usual course of his/her professional practice. In addition, for the prescription to be valid, the practitioner must comply with any applicable state laws.

How to Prescribe Controlled Substances to Patients

Ohio Board of Psychology — not applicable

Ohio Counselor, Social Worker and Marriage and Family Therapist Board — not applicable

Ohio Chemical Dependency Professionals Board — not applicable

Ohio Department of Mental Health and Addiction Services — not applicable

Ohio Department of Medicaid — not applicable

As a Certified Community Behavioral Health (CBCH) agency what services are my staff able to provide through the use of telehealth?

Medicaid Behavioral Health Services Available Using Telehealth

With the emergency rule in effect, OhioMHAS-certified entities can bill Medicaid for delivering the services listed below via telehealth. All the Medicaid changes apply to Medicaid fee-for-service (FFS), Managed Care Plan (MCP), and MyCare Ohio Plan (MCOP) services.

- Evaluation and management of new and existing patients
- Psychiatric diagnostic evaluation
- Psychotherapy (individual, group, and family)
- Psychological testing
- Smoking cessation
- Community psychiatric supportive treatment (CPST)
- Therapeutic behavioral services (TBS) and psychosocial rehabilitation (PSR). Please note: TBS group service — hourly and per diem, as defined in 5160-27-06, is not included in the list of services that can be billed to Medicaid when delivered via telehealth.
- RN and LPN nursing services
- SUD assessment

- SUD counseling (individual, group, intensive outpatient group, and partial-hospitalization group)
- SUD case management
- Assertive community treatment (ACT)
- Intensive home-based therapy (IHBT)
- Peer recovery support
- Behavioral health crisis intervention
- SBIRT (screening, brief intervention, and referral to treatment)
- Practitioner services rendered to individuals in SUD residential treatment
- Specialized recovery services (SRS)
- TBS group service (day treatment) up to two hours — H2012 with all modifiers
- TBS group service (day treatment) per diem — H2020 with all modifiers
- All associated add-on codes. Outpatient hospital behavioral health (OPHBH) services will be allowed to the same extent they are allowed for OhioMHAS-certified providers.

How do I submit claims to Ohio Medicaid?

Medicaid Claims Submission

Medicaid and the Medicaid Managed Care Plans (MCPs) and MyCare Ohio Plans (MCOPs) have been working expeditiously to configure the emergency rule's changes in their respective claim processing systems (system changes) in a consistent manner to ease administrative burden on providers. Prior to the implementation date for the system changes, providers may either hold claims until the system changes are implemented or submit claims for telehealth services using existing billing guidance. If providers choose to submit claims for telehealth services prior to implementation of the system changes, please note that it is very important for providers to continue to use the existing billing guidance. For example, providers should NOT add the GT modifier to services that are being added as new telehealth services under the emergency rules. If the GT modifier is added to the new services prior to the implementation date of the system changes, claims may be denied. Additionally, until the system changes are made, providers should continue to use allowable place of service codes in existing billing guidance when submitting claims. Providers must maintain documentation of services delivered via telehealth prior to and after the system changes are made. After the system changes are implemented, to the extent possible, providers should comply with the new billing guidance for telehealth services. Providers should maintain documentation to support any exceptions to the billing guidance necessary to maintain access to services to individuals during the emergency.

For questions related to changes to OhioMHAS interactive videoconferencing policy as well as questions related to clinical and technical implementation of telehealth, please e-mail COVID19BHTelehealth@mha.ohio.gov. Questions about the Medicaid coverage, billing, and reimbursement under the new policy can be submitted to BHENroll@medicaid.ohio.gov.

***Note: Effective April 15, 2020, all claims systems, including MITS and all managed care plan systems, have been reprogrammed to accept the GT modifier on claims for Medicaid services allowed to be delivered via telehealth.**

Please remember the GT modifier is the indicator that Medicaid services have been delivered via telehealth. Services that are rendered via telehealth should be marked with the GT modifier. Providers are reminded that they must maintain documentation of services delivered via telehealth prior to and after the IT system changes are made. Providers should maintain documentation to support any necessary exceptions to the billing guidance while working to provide access to care for individuals during this time of emergency.

Beginning April 15, 2020, to the extent possible, providers should comply with the new billing guidance. To clarify, BH providers have time to configure your IT systems to include the GT modifiers after April 15. The MCO will process claims with or without the GT modifier for telehealth services while the transition with coding changes are made. Providers do not need to hold billing or modify your IT system by April 15. Rather, MITS, the MCOs, and MyCare plans are now ready to accept the GT modifier on all claims delivered by telehealth. Providers are encouraged to act in good faith to make system adjustments and begin including the GT modifier as soon as is reasonable.

BH Provider Manual Updated to Reflect Telehealth

A revised version of the Medicaid behavioral health provider manual has been published on the [BH.Medicaid.Ohio.gov](https://bit.ly/2MdAHZX) web site: <https://bit.ly/2MdAHZX>. The revised manual reflects the emergency changes for services that can be delivered using a variety of telehealth methods during the COVID-19 emergency.

For more details regarding the services eligible to be delivered via telehealth, please refer to the materials [here](#) presented during the Telehealth webinars offered April 1 and 2 and the MITS BITS on telehealth service delivery [here](#).

Can Medicare patients and clients receive telehealth services?

Please see CMS guidance at [Medicare telemedicine](#) and continue to look for updates from CMS.

Do third-party payers reimburse for telehealth services?

Many third-party payers do provide coverage for services provided with the use of telemedicine or telehealth. We encourage you to contact the insurance company for specific details regarding the policy and coverage for your patient or client.

How do these emergency changes fit with DEA current regulations?

On Jan. 31, 2020, the Secretary of the Department of Health and Human Services issued a public health emergency (HHS Public Health Emergency Declaration). Telemedicine can now be used under the conditions outlined in Title 21, United States Code (U.S.C.), Section 802(54)(D). While a prescription for a controlled substance issued by means of the internet (including telemedicine) must generally be predicated on an in-person medical evaluation (21 U.S.C. 829(e)), the Controlled Substances Act contains certain exceptions to this requirement. One such exception occurs when the Secretary of Health and Human Services has declared a public health emergency under 42 U.S.C. 247d (section 319 of the Public Health Service Act), as set forth in 21 U.S.C. 802(54)(D). Secretary Azar declared such a public health emergency with regard to COVID-19. For as long as the Secretary's designation of a public health emergency remains in effect, DEA-registered practitioners may issue prescriptions for controlled substances to patients for whom they have not conducted an in-person medical evaluation, provided all of the following conditions are met:

- The prescription is issued for a legitimate medical purpose by a practitioner acting in the usual course of his/her professional practice.
- The telemedicine communication is conducted using an audio-visual, real-time, two-way, interactive communication system.
- The practitioner is acting in accordance with applicable federal and state law.

Provided the practitioner satisfies the above requirements, the practitioner may issue the prescription using any of the methods of prescribing currently available and in the manner set forth in the DEA regulations. Thus, the practitioner may issue a prescription either electronically (for schedules II-V) or by calling in an emergency schedule II prescription to the pharmacy, or by calling in a schedule III-V prescription to the pharmacy. Important note: If the prescribing practitioner has previously conducted an in-person medical evaluation of the patient, the practitioner may issue a prescription for a controlled substance after having communicated with the patient via telemedicine, or any other means, regardless of whether a public health emergency has been declared by the Secretary of Health and Human Services, so long as the prescription is issued for a legitimate medical purpose and the practitioner is acting in the usual course of his/her professional practice. In addition, for the prescription to be valid, the practitioner must comply with any applicable State laws.

Telemedicine Guidance

DEA Guidance on Oral CII Prescriptions — The DEA has issued a flow chart to assist licensees in navigating the new guidance on oral CII prescriptions. This flow chart can be accessed [here](#). The DEA is aware that during this pandemic there are obstacles to practitioners meeting with their existing patients and providing these patients with written prescriptions for schedule II controlled substances. As a result, practitioners and pharmacists have asked the DEA to clarify the circumstances under which oral schedule II prescriptions are permitted. The DEA has provided guidance on this topic and announces temporary exceptions. This guidance has been posted to the Board's website and can be accessed [here](https://bit.ly/2TKCdGZ): <https://bit.ly/2TKCdGZ>.

Please be advised that the State of Ohio Board of Pharmacy, pursuant to a Board resolution adopted on March 2, 2020, hereby authorizes the exceptions in the DEA Guidance for the duration of the Public Health Emergency or unless modified/withdrawn by DEA. For more information on the DEA's response to COVID-19, visit:

<https://www.deadiversion.usdoj.gov/coronavirus.html>.

How to Prescribe Controlled Substances to Patients During the COVID-19 Public Health Emergency

<https://bit.ly/2TFUEN2>

<https://bit.ly/2XvWgdo>

<https://bit.ly/2M2cndc>