



UW PACC

Psychiatry and Addictions Case Conference
UW Medicine | Psychiatry and Behavioral Sciences



So, you think you know



**TeleBehavioral
Health Policy?**

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Speaker disclosures

✓ No conflicts of interest

PLANNER DISCLOSURES

The following series planners have no relevant conflicts of interest to disclose; other disclosures have been mitigated.

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DISCLAIMER

Please be aware that policy changes may take place after the original date of this presentation.

Any information provided in today's talk is not to be regarded as legal advice. Today's talk is purely for informational purposes.

Please consult with legal counsel, billing & coding experts, and compliance professionals, as well as current legislative and regulatory sources, for accurate and up-to-date information.

Objectives

- Review post-PHE policy changes impacting TeleBehavioral Health, including:
 - Prescribing controlled substance
 - Patient location
 - Provider location
 - HIPAA
 - Supervision
- Keep UW PACC participants awake and engaged (Brad thinks policy is a snore!)

TeleBehavioral Health Scoring Rules

- Answer poll question.
- Keep score of your right answers.
- Each correct answer gets 2 point
- We are on the Honor System!
- Enter into CHAT what you think is the silliest answer.
- Worst most silly answer as voted by Panel gets 1 point.

- Your score will determine your self-value and ability to hold your head up high with pride in the Virtual world!

TeleBehavioral Health Policy Update

Q #1: Who was Ryan Haight?

1. Invented the software behind the use of the Zoom Platform.
2. Managed a multi-state controlled substance diversification program (now behind bars)
3. Teenager who got controlled substances over the internet and died from an overdose.
4. Congressman from Texas who passed legislation controlling prescription of controlled substances over the internet.
5. Elon Musk's real name prior to needing to change it for selling controlled substances to other corporate executives.

Who was Ryan Haight?

ANSWER:

- **The law is named after Ryan Haight, a 17-year-old honor student from California who died after obtaining a controlled substances prescription from a doctor he'd never met and filled by an online pharmacy.**
- At the time, a person could submit minimal medical history through an online form, have the prescription authorized by an unscrupulous physician, who was paid to be part of the money-making scheme, with whom the person had no meaningful relationship or contact, and then filled by an online pharmacy.
- The legislation was “introduced to address the problem of rogue Internet pharmacies” and in response “to the increasing use of prescription controlled substances by adolescents and others for non-medical purposes”, which had “been exacerbated by drug trafficking on the Internet.” S. Rpt. 110-521, p. 1-2 (2008)

TeleBehavioral Health Policy Update

Q #2: What is the latest information from the DEA on prescription of controlled substances via telemedicine?

1. May prescribe controlled substances using telemedicine, but patient must be in a clinic with a registered DEA license.
2. With the end of the Public Health Emergency, controlled substance prescriptions using telemedicine will only be allowed if the provider saw the patient in-person first.
3. With the end of the Public Health Emergency, Schedule II and III agents are now allowed to be prescribed via telemedicine, but Schedule I, IV, and V agents require use of a special waiver to be prescribed using telemedicine.
4. Telemedicine flexibilities regarding prescription of controlled medications as were in place during the COVID-19 emergency.
5. Telemedicine controlled substance prescribing rules will depend on whatever Elon Musk decides.

What is the latest information from the DEA on prescription of controlled substances via telemedicine?

Answer:

Telemedicine flexibilities regarding prescription of controlled medications as were in place during the COVID-19 emergency.

There were a whole set of new rules related to various situations to include referral by a Qualified Telemedicine Referral.

However, DEA got over 38,000 comments so had continued with the current prescribing flexibilities.

TeleBehavioral Health Policy Update

Q #3: You began prescribing controlled substances using telemedicine in March of 2023. Telemedicine flexibilities will continue to be permitted through which date?

1. November 11, 2023.
2. September 31, 2023 (End of the Government Fiscal Year).
3. January 31, 2023 (End of calendar year)
4. November 11, 2024.
5. June 28, 2024 (Elon Musk's Birthday).

You began prescribing controlled substances using telemedicine in March of 2023. Telemedicine flexibilities will continue to be permitted through which date?

Answer:

November 11, 2024.

- The Drug Enforcement Administration (DEA), along with the Substance Abuse and Mental Health Services Administration (SAMHSA), issued a temporary rule to allow the following:
 - All telemedicine flexibilities regarding prescription of controlled medications as were in place during the COVID-19 public health emergency (PHE) will remain in place through November 11, 2023.
 - For any practitioner-patient telemedicine relationships that have been or will be established on or before November 11, 2023, all telemedicine flexibilities regarding prescription of controlled medications as were in place during the COVID-19 PHE will continue to be permitted through **November 11, 2024**

TeleBehavioral Health Policy Update

Q #4: You last saw your patient in-person 2.5 years ago. When must you see that person again in-person to prescribe controlled substances?

1. You must see them in-person prior to the end of the PHE, November 11, 2023.
2. You must see them in-person prior to November 11, 2024.
3. You don't have to see them again in-person to continue prescribing a controlled substance.
4. Patient can be seen in person by another provider which will then qualify you to not have to see them again in-person.
5. Must ask permission of Elon Musk.

You last saw your patient who you have been prescribing controlled substances to 2.5 years ago. Are you allowed to continue prescribing controlled substances after the PHE expires?

Answer:

You do not need to see them again if you have previously seen the patient in-person in order to continue to prescribe controlled substances.

There is no defined time limit on when you last saw the patient in-person for which you are prescribing controlled substances.

TeleBehavioral Health Policy Update

Q #5: Buprenorphine be prescribed without an in-person appointment using which modality?

1. Approved texting device and program
2. Phone
3. After getting permission from family or guardian
4. Approval from Chat GPT
5. If Elon Musk says it is okay, it must be okay.

Can buprenorphine be prescribed via telehealth without an in-person appointment?

ANSWER:

- **Phone**
- However, Methadone cannot be prescribed for maintenance or detoxification treatment and must be administered or dispensed directly to the patient for that purpose. 21 CFR 1306.07(a).
- **1306.07 Administering or dispensing of narcotic drugs.**
 - (a) A practitioner may administer or dispense directly (but not prescribe) a narcotic drug listed in any schedule to a narcotic dependant person for the purpose of maintenance or detoxification treatment if the practitioner meets both of the following conditions:
 - (1) The practitioner is separately registered with DEA as a narcotic treatment program.
 - (2) The practitioner is in compliance with DEA regulations regarding treatment qualifications, security, records, and unsupervised use of the drugs pursuant to the Act.

TeleBehavioral Health Policy Update

Q #6: After the PHE (i.e., now), where does your patient need to be located during a telehealth visit in order for you (the provider) to get reimbursement?

1. At home
2. In a clinical setting
3. In the same state as me
4. At SpaceX...
5. Uhhh...it's complicated.

Where does the patient need to be located during a telehealth visit?

ANSWER:

#5. It's complicated!

TELEHEALTH & PATIENT LOCATION

CMS/Medicare: BEFORE the PHE: patient location (“originating site”)

- Specified clinical sites only
- Required federally defined rural location
- 2019: removed rural requirements, added patient home for SUD with co-occurring MH disorder - **permanent**
- Originating (patient) site fee

CMS/Medicare: DURING the PHE: patient location (“originating site”)

- Can be at a clinical site, or the patient ‘home’
- Does not need to be in a federally defined rural location
- 2019: removed rural requirements, added patient home for SUD with co-occurring MH disorder - **permanent**
- Originating (patient) site fee, only if patient is at a clinical site

CMS/Medicare: AFTER the PHE (ended May 11, 2023): patient location (“originating site”)

- Clinical site or the patient ‘home’ through 12/31/2024 (CAA ‘23); then specified clinical sites only
- Geographic rurality restrictions waived through 12/31/2024 (CAA ‘23); then required federally defined rural location
- 2019: removed rural requirements, added patient home for SUD with co-occurring MH disorder - **permanent**
- Originating (patient) site fee, only if patient is at a clinical site

TELEHEALTH & PATIENT LOCATION

[Centers for Medicare and Medicaid Services \(CMS\) Calendar Year \(CY\) 2022 Physician Fee Schedule \(PFS\):](#)

- TeleMental Health (TMH) services:
 - Will continue to allow for TMH into patient homes, but... person visit within person requirement
 - Exceptions to in-person visit requirements for patients with a current MH disorder occurring after 12/31/2022:
 - Will continue to pay for audio-only visits of in-person visit – must document!
 - TMH into “home”
 - Provider has audio-video capability and patient does not/cannot use/will not consent to audio-video
 - Note: the CAA ‘23 extends availability of the telehealth services that can be furnished using audio-only technology through 12/31/2024. CMS will not cover audio-only services (telephone E/M) except for mental health service after 12/31/2024.
- Will continue to allow federally qualified health centers (FQHCs) and rural health centers (RHCs) to deliver mental health services via “interactive, real-time telecommunications technology” including audio-only.

All Permanent

HR2617/CAA 2023 delayed in-person visit requirement through Dec 31, 2024

WASHINGTON STATE TELEHEALTH/TELEMEDICINE LEGISLATION

- Telemedicine definition
 - HIPAA-compliant, interactive, real-time audio & video telecommunications, for the purpose of diagnosis, consultation, or treatment
 - Includes store and forward (S&F) technology - requires an associated office visit between the patient and the referring provider
 - Includes audio-only/telephone (HB1196) – requires patient consent
 - Does not include: fax or email; installation/maintenance of equipment; software updates/systems; incidental services/communications that are not billed as telemedicine; transmitting lab results
 - Within scope of practice
 - To a client at a site other than the provider is located
- Provider must be licensed
- Mandated payment parity for telehealth
- **No geographic or locations restrictions on patient location (within WA) – includes ‘home’**
- Allows for payment of the originating site fee, but HCA does not pay an originating site facility fee in the following situations:
 - Audio-only telemedicine
 - Store and forward
 - If the originating site is: client’s home; hospital (inpatient); skilled nursing facility; any location receiving payment for the client’s room and board; same entity as the distant (provider) site or if the provider is employed by the same entity as the distant site

Also Permanent

TeleBehavioral Health Policy Update

Q #7: Can I (the clinician) still do telemedicine from a non-clinical setting (e.g., my home), and are there any particular implications?

1. No...and therefore no.
2. Yes, and it's practice as usual (no particular implications).
3. Yes, as long as I am in my home state or outer space.
4. Yes, and it's sort of complicated, too.

Can I (the clinician) still do telemedicine from my home, and are there any particular implications?

ANSWER:

#4. Yes, and it's sort of complicated, too.

Can I (the clinician) still do telemedicine from my home, and are there any particular implications?

ANSWER:

- **If you are a billing clinician, you can still provide telemedicine from your home if your leadership endorses that.**
- **Extended waiver:** for providers who occasionally work from home, the waiver to allow not enrolling a clinician's home address with Medicare has been extended to 12/31/2023.
- **Effective 1/1/2024:** practitioners who render telehealth services from their home will be required to report their home address on their Medicare enrollment.
- **Other implications:** if you (the clinician) are located out-of-state (no matter where the patient is located), beware of state-specific rules, esp. tax-related.
- **Credentials/Privileges:** no matter where you (the clinician) are located, if you are providing services to a patient located in a clinical facility that credentials & privileges their clinicians, you must be credentialed & privileged at that location, too. (credential-by-proxy)

TeleBehavioral Health Policy Update

Q #8: Can I (the clinician) provide care over telemedicine if my patient is in another state?

1. Yes, as long as the patient is a resident of the state where I am licensed.
2. Yes, as long as I have an established relationship with the patient.
3. Yes, as long as I am abiding by the laws and rules of the state where the patient is located.
4. Nope!

Can I (the clinician) provide care over telemedicine if my patient is in another state?

ANSWER:

#3. Yes, as long as I am abiding by the laws and rules of the state where the patient is located.

Can I (the clinician) provide care over telemedicine if my patient is in another state?

ANSWER:

- CMS will defer to state law on issues regarding licensure requirements
- In most cases, you must be licensed in the state the patient is located at the time of the visit to provide a telemedicine service.
 - Some states have special allowances/waivers/licensure/registration for telemedicine
 - Licensure compacts for:
 - Physicians = [Physician License | Interstate Medical Licensure Compact \(imlcc.org\)](http://imlcc.org)
 - Psychologists = [Psychology Interjurisdictional Compact \(PSYPACT\) - The Association of State and Provincial Psychology Boards \(asppb.net\)](http://asppb.net)
 - Nurses = [Licensure Compacts | NCSBN](http://nurses.compacts.org)
 - Must abide by its laws and standards of care, and telemedicine-specific rules.
- Malpractice - policy valid in state where patient is located; covers telemedicine.
- What if I find out the patient is out of state when I've started the telemedicine visit?
 - If care may be safely deferred, offer to defer the care until the patient is able to travel and can be seen in a state where you are licensed.
 - If care cannot be safely deferred or if the patient prefers not to defer, seek to transfer the patient's care to a locally licensed physician with the expertise to care for your patient.
 - If neither option is available and you provide care to prevent patient abandonment concerns, suggest that you not charge the visit.

TeleBehavioral Health Policy Update

Q #9: What are the impacts of the end of the PHE on HIPAA and telemedicine/telehealth?

1. Everything reverts back to pre-pandemic rules & regs
2. There is some flexibility regarding the telemedicine platform
3. There is an extension on all of the pandemic-related flexibilities until Jan. 1, 2025.
4. It depends on what state I am in.

What are the impacts of the end of the PHE on HIPAA and telemedicine/telehealth?

ANSWER:

#1. Everything reverts back to pre-pandemic rules & regs

- **There are both federal and state HIPAA requirements that are impacted**
- During PHE: OCR waiver allows non-public-facing non-HIPAA-compliant telehealth technologies (HCA also did): [FAQs on Telehealth and HIPAA during the COVID-19 nationwide public health emergency \(hhs.gov\)](#)
- WA State HCA no longer allows services to be provided via non-HIPAA compliant audio-visual modality
- **Federal OCR waiver reverted immediately after PHE to HIPAA/HITECH:**
 - If a health care provider is utilizing telehealth that involves PHI, the provider must meet the same HIPAA requirements as if the service was provided in-person.
 - Telehealth technology, such as software or other equipment, should use encryption, require passwords, and utilize other safeguards. Take additional privacy & security measures...
 - Business Associates Agreements (BAAs) with technology vendors - confirm HIPAA compliance.
 - Includes requirements for notification of breach
 - Includes enforcement and penalties

TeleBehavioral Health Policy Update

Q #10: What are CMS's Communication Technology Based Services (CTBS), and what are the post-pandemic implications?

1. CTBS are similar to telemedicine, but do not use live video teleconference, and have the same post-pandemic rules as telemedicine.
2. CTBS are similar to telemedicine, but have different rules than telemedicine.
3. CTBS are similar to telemedicine, but have different rules than telemedicine, and have different post-pandemic implications.

What are CMS's Communication Technology Based Services (CTBS), and what are the post-pandemic implications?

ANSWER:

#3. CTBS are similar to telemedicine, but have different rules than telemedicine, and have different post-pandemic implications.

What are CMS's Communication Technology Based Services, and what are the post-pandemic implications?

ANSWER:

Communication Technology Based Services (CTBS) for Medicare beneficiaries

- **Virtual Check-ins:** synchronous (phone/video) & asynchronous (S&F)
- **eVisits:** visits through an online portal
- **eConsults:** interprofessional consults (phone/video/ internet/EMR/S&F)

All Permanent

CTBS ≠ “Telehealth/Telemedicine”

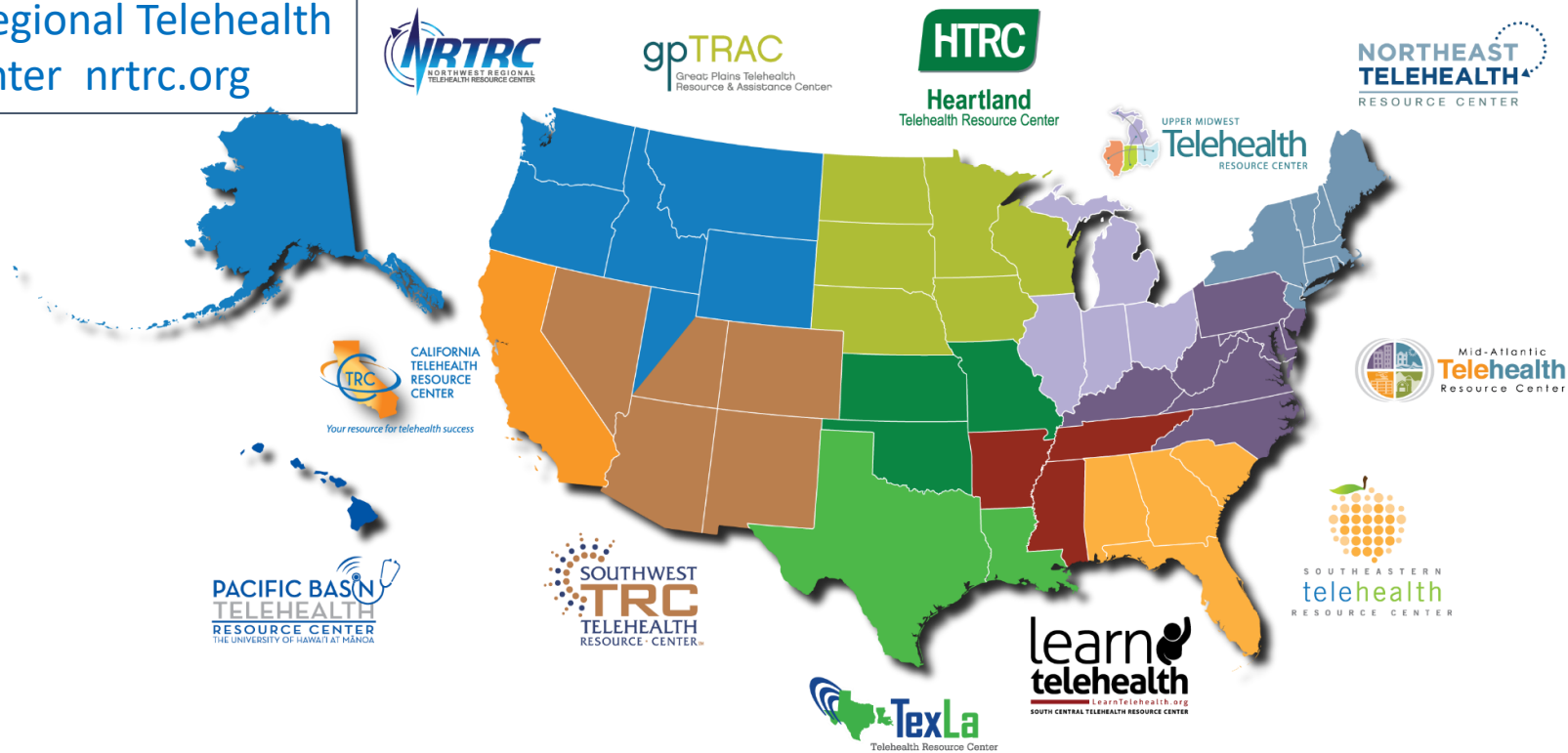
- Before the PHE: Virtual check-ins and e-visits could be provided only to established patients.
- During PHE: Virtual check-ins and e-visits can be provided to both new and established patients.
- Per 2023 PFS: **clinical social workers, clinical psychologists, physical therapists, occupational therapists, and speech language pathologists** may also provide and bill for these services to established patients.
- After the PHE: Virtual check-ins and e-visits can be provided only to established patients.

Included in extension through Dec 31, 2024

TELEHEALTH/TELEMEDICINE RESOURCES

TelehealthResourceCenters.org

Northwest Regional Telehealth Resource Center nrtrc.org



TTAC (TelehealthTechnology.org) and Center for Connected Health Policy (The National Telehealth Policy Resource Center)

2 National Resource Centers

NRTRC	gpTRAC	NETRC
CTRC	HTRC	UMTRC
SWTRC	SCTRC	MATRC
PBTRC	TexLa	SETRC
12 Regional Resource Centers		

TELEHEALTH/TELEMEDICINE RESOURCES



Focus: policy, regulatory, reimbursement issues

- Monitors state and federal policy
- Annual Report: State Telehealth Laws & Reimbursement Policies
- Fact Sheets
- More...

www.cchpca.org

SPRING 2020

50 STATES & THE DISTRICT OF COLUMBIA



STATE TELEHEALTH LAWS

& REIMBURSEMENT POLICIES

TELEHEALTH/TELEMEDICINE RESOURCES

Washington State Telehealth Collaborative

Vision Statement

The Collaborative will advance excellence and innovation in telehealth for all Washington communities, improving access to high-quality, safe and affordable health care in Washington State.



Mission Statement

The Washington State Telehealth Collaborative will provide a forum to improve the health of Washington residents through the collaboration and sharing of knowledge and health resources statewide and increasing public awareness of telehealth as a delivery mechanism. The Collaborative seeks to enable development and delivery of technology-assisted programs that promote access, sustainability, utilization and affordability of Telehealth services.

[Frequently Asked Questions about Telehealth: A Patient's Guide](#)

[Frequently Asked Questions about Telehealth: A Clinician's Guide](#)

While WSHA proudly hosts this website, the Telehealth Collaborative is an independent group, not affiliated with WSHA.



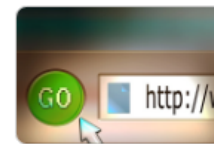
About the
Telehealth
Collaborative



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Members



Telehealth
Collaborative:
Upcoming and
past meetings,
minutes and
 recordings



Telehealth
Resources

<https://www.wsha.org/policy-advocacy/issues/telemedicine/washington-state-telemedicine-collaborative/>

TELEHEALTH/TELEMEDICINE RESOURCES



Washington State
Health Care Authority

Washington Apple Health (Medicaid)

Telemedicine Policy and Billing

February 26, 2023

<https://www.hca.wa.gov/assets/billers-and-providers/Telemedicine-bg-20230226.pdf>

TELEHEALTH/TELEMEDICINE RESOURCES



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Are you registered for the leading telehealth conference?

The ATA19 program has been announced! Register by February 28 to save.

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Take advantage of key educational content by telehealth experts...

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TELEBEHAVIORAL HEALTH 101

Online Self-Study <https://NRTRC.catalog.instructure.com/programs/telebehavioral-health-101-series>

- Introduction to TeleBehavioral Health and Policy Overview – **UPDATED!**
*Meets telehealth training requirement as established by Washington SB6061.
- Getting started: Facts & Myths, and Security & Privacy
- Digital Health Do's & Don't's, Workflows, and Safety planning
- Billing and Reimbursement for TeleBehavioral Health – **UPDATED!**
- Clinical Engagement over Telehealth
- Clinical Supervision in Telehealth

A CERTIFICATE OF COMPLETION WILL BE ISSUED FOR EACH MODULE COMPLETED

TELEBEHAVIORAL HEALTH 201

Online Self-Study <https://nrtrc.catalog.instructure.com/programs/telebehavioral-health-201>

- Telehealth Policy – the changing federal and state landscape
- Preparing Patients & Technology for Telehealth
- Doing Groups over Telehealth
- Mobile Health (mHealth) for Serious Mental Illness
- Provider Self-Care & Wellness in the Era of Telehealth and Covid
- Behavioral Health Apps
- Children & TeleBehavioral Health
- Applying Telehealth SUD Treatment in Community-based Settings
- Cultural Competence & Humility in TeleBehavioral Health
- Applying Telehealth to Measurement-based Care
- Suicide Risk Assessment over Telehealth
- Couples & Family Therapy over Telehealth

A CERTIFICATE OF COMPLETION WILL BE ISSUED FOR EACH MODULE COMPLETED

TELEBEHAVIORAL HEALTH 301

Online Self-Study

<https://nrtrc.catalog.instructure.com/programs/telebehavioral-health-301>

- Bree Collaborative Telehealth Guide & Hybrid Models
- Crisis Management & Risk Assessment
- Safety & Consent Planning
- Substance Use Disorder Treatment over Telehealth
- TeleBehavioral Health & Groups: lessons from Dialectical Behavioral Therapy
- TeleSupervision
- Whole Health & Telehealth
- Children & Adolescents
- Trauma-Informed Care
- Remote Teams & Tele-Teaming
- TeleMental Health and Professional Liability
- Reimagining practice: integration of AI, digital therapeutics and automation in behavioral health

A CERTIFICATE OF COMPLETION WILL BE ISSUED FOR EACH MODULE COMPLETED

TELEBEHAVIORAL HEALTH 401

3rd Friday monthly, 11am to 12pm

- Jan 20th: WA State TeleBH Rules & Regulations – HCA panel
- Feb 17th: TBD – Jonathan Neufeld PhD
- Mar 17th: TeleBH Assessment of Cognition in Older Adults – Stephen Thielke MD MS & Emily Trittschuh PhD
- April 21st: TeleBH & Chronic Pain Care – Lisa Glynn PhD
- May 19th: Clinical Use of Virtual Care and Patient-Generated Health Data – Christina Armstrong PhD
- June 16th: How to Support People with Disabilities when Providing TeleBH Services:
Advantages, Disadvantages, Special Considerations, and Best Practices –
Jennifer Pearlstein PhD
- July 21st: TeleBH Technologies - Jordan Berg, Telehealth Technology Assessment Center
- Aug 18th: Caring for Transgender and Gender Diverse Adolescents Via Telemedicine –
Gina Sequiera MD MS
- Sep 15th: Using Play Therapy over Telehealth to Engage Youth and Families –
Kevin Riffel LMHC

**2023
WEBINAR
SERIES**

✓ TeleBH 401 webinars: CME and NASW Accreditation (max 13 credits)

Accreditation with Commendation: The University of Washington School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Credit Designation: The University of Washington School of Medicine designates this for a maximum of *13 AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Learners have the opportunity to complete up to 30 modules, with each module accredited for *1 AMA PRA Category 1 Credit™*.

✓ TeleBH 101, 201, and 301 online courses: CME only (max 30 credits)

Accreditation with Commendation: The University of Washington School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Credit Designation: The University of Washington School of Medicine designates this enduring material for a maximum of *30 AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Learners have the opportunity to complete up to 30 modules, with each module accredited for *1 AMA PRA Category 1 Credit™*.

- CME fees: TeleBH 401 webinars
 - \$25 for 8.0 hours or less
 - \$35 for 8.25 -16.0 hours

- CME fees: TeleBH 101/201/301 online
 - \$25 for 8.0 hours or less
 - \$35 for 8.25 -16.0 hours
 - \$45 for 16.25 - 64.0 hours

Training, Workforce & Policy Innovation Center

Harborview Behavioral Health Institute > Training, Workforce & Policy Innovation Center > Training

Training

A+ A- | Reset

The BHI Training, Workforce and Policy Innovation Center is committed to increase equitable access to quality training for all providers in Washington. Current training projects include:

- Develop and disseminate evidence-based and or promising programs and one curricula to improve the delivery and overall quality of care for individuals receiving inpatient and/or outpatient treatment for substance use and co-occurring disorders.
- Provide continued access to **TeleBehavioral Health** training. Expand into learning

TRAINING, WORKFORCE & POLICY

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RESULTS!

Your level of knowledge:

- Scored 16-30: You are a Telehealth ninja and may boldly strut across the virtual Telehealth landscape.
- Scored 11-15: You are a Virtual leader and can be trusted to hang out with the cool kids in the virtual Telehealth Landscape.
- Scored 5-10: You are a solid citizen and are competent in telehealth (and have resources if you need them)!
- Scored 0-4: Who ties your shoes in the morning anyway?

Additional References:

- [*NRTRC EndOfPHEComplianceChecklist.pdf](#)
- [*PYA-End-of-the-PHE-Compliance-Checklist-Final-031323-PRESS.pdf \(pyapc.com\)](#) PYA. (Source for content in this document – used with permission.)
- [CMS PHE Fact Sheet](#) What Do I Need to Know? CMS Waivers, Flexibilities, and the Transition Forward from the COVID-19 Public Health Emergency. CMS.
- [Telehealth policy changes after the COVID-19 public health emergency | Telehealth.HHS.gov](#)
TELEHEALTH.HHS.GOV
- [MEDICARE-TELEHEALTH-POLICIES-POST-PHE-AT-A-GLANCE-FINAL-MAR-2023.pdf \(cchpca.org\)](#) CCHP.
- [2023-07824.pdf \(govinfo.gov\)](#) Notice of Expiration of Certain Notifications of Enforcement Discretion Issued in Response to the COVID–19 Nationwide Public Health Emergency. OCR. “OCR will no longer use the Telehealth Notification as a basis to exercise its discretion in enforcing the HIPAA Rules, as they apply to the provision of telehealth, for noncompliance that occurs after 11:59 p.m. on August 9, 2023.”
- [The Center for Connected Health Policy – Federal Information](#)[Links to an external site.](#)
- [Center for Connected Health Policy MEDICARE TELEHEALTH/CONNECTED HEALTH WAIVERS POST-PHE](#)[Links to an external site.](#)
- [The Center for Medicare and Medicaid Services Telehealth Information](#)[Links to an external site.](#)
- [Center for Medicare and Medicaid Services Corona Virus Waivers and Flexibilities Fact Sheet](#)[Links to an external site.](#)
- [The American Hospital Association - Telehealth](#)[Links to an external site.](#)
- [DEA’s Proposed Rules on Telemedicine Controlled Substances Prescribing after the PHE Ends | Blogs | Health Care Law Today | Foley & Lardner LLP](#)[Links to an external site.](#)