

Telehealth Resources for Behavioral Health Clinicians During COVID-19

In order to reduce community spread associated with the COVID-19 pandemic, many behavioral healthcare providers have decided to transition the delivery of their services to a telehealth model in order to limit close physical contact and gathering among people in healthcare facility, clinic, or office settings. Substantial guidance is available on the appropriate and effective use of telehealth from a variety of sources, including the federal government and professional associations. This document identifies key resources for behavioral health clinicians. Clinicians are encouraged to keep up to date with new guidance and best practice requirements as the pandemic unfolds.

The Substance Abuse and Mental Health Services Administration (SAMHSA) issued [Considerations for the Care and Treatment of Mental and Substance Use Disorders in the COVID-19 Epidemic](#) on March 20, 2020. In this document, SAMHSA “strongly recommends the use of telehealth and/or telephonic services to provide evaluation and treatment of patients.” The Centers for Disease Control and Prevention (CDC) also has issued guidance for [Outpatient and Ambulatory Care Settings](#) that include promoting the increased use of telehealth.

Considerations for the Transition to Telehealth Environment

The CDC has compiled a set of [legal and policy resources for telehealth](#) to help professionals as they adjust to navigating telehealth as providers.

The Centers for Medicare & Medicaid Services (CMS) has issued an array of [waivers](#) in response to the COVID-19 pandemic, including [temporarily waiving the requirement that out-of-state practitioners](#) carry a license from the state where they are providing services (when certain conditions are met). These waivers aim to expand coverage opportunities for patients in the largely virtual healthcare environment. The CMS licensing waiver is only for the purpose of meeting CMS requirements; state licensing requirements still apply to these providers. CMS also has a [Medicare Telemedicine Healthcare Provider Factsheet](#) that addresses reimbursement and other issues.

The Office for Civil Rights (OCR) at the U.S. Department of Health and Human Services (HHS) announced that it will exercise its [enforcement discretion related to telehealth](#) and will not impose penalties against covered health care providers for non-compliance with Health Insurance Portability and Accountability Act (HIPAA) Privacy, Security, and Breach Notification Rules in connection with the good-faith provision of telehealth. This exercise of discretion applies to widely available non-public facing communications apps, such as FaceTime, Zoom, or Skype, when used in good faith for any telehealth treatment or diagnostic purpose, regardless of whether the telehealth service is directly related to COVID-19. Providers should, however, notify their patients of the potential privacy risks that can arise from using certain platforms and enable all optional encryption and privacy safeguards when using these programs in lieu of traditional HIPAA-compliant software and applications.

As with in-person medical services, recipients of federal financial assistance must take reasonable steps to ensure meaningful access for individuals with limited English proficiency (LEP) to their telehealth programs; and must also take appropriate steps to ensure effective communication with individuals with disabilities in their telehealth programs. As resources allow, these steps include:

- Providing written and/or oral language assistance services through qualified interpreters to individuals with LEP when necessary to ensure meaningful access, which may include translated documents, telephonic interpretation, and/or video remote interpreting;¹ and

¹ See 45 C.F.R. 92.101(b)(4) for limited exceptions available during an emergency involving an imminent threat to safety or welfare.

- Providing auxiliary aids and services to individuals who are deaf, hard of hearing, blind, have low vision, speech disabilities, or who have cognitive or intellectual disabilities through the use of accessible technology, qualified interpreters, picture boards, and other means.²

Considerations for Using 911 for Behavioral Health Emergencies during Telehealth

If the patient presents with a life-safety risk of harm to self or others—or has a medical or other type of emergency—the behavioral health clinician may need to call 911 to get immediate assistance. When providing telehealth services, the clinician will not be in the same physical location as the patient and may be in a different emergency response jurisdiction. Specific actions are needed to be able to use 911 effectively for an emergency during a telehealth session.

- Always verify the patient’s physical location and call-back number (i.e. full address: including state and locality) at the beginning of the telehealth session.
- If the clinician needs to call 911 for the patient, the 911 call center that the clinician is connected to will be based on the clinician’s location, NOT the patient’s location.
- Therefore, the clinician will need to inform the 911 call taker that the call pertains to the patient’s location and provide the address and telephone number of the patient. This will allow the call to be routed to the appropriate 911 call center and response dispatched to an accurate location. It will also allow the 911 center to attempt to call the patient directly.
- The clinician may be asked to stay on the line after the call is transferred to the appropriate 911 call center to provide any essential information to the 911 center that will dispatch emergency response.
- If unable to ascertain the patient’s physical location and/or phone number, it will be difficult for the 911 call center to route the call to the appropriate 911 call center and find the patient.

Additional Resources

- [National Consortium of Telehealth Resource Centers*](#)
- Center for Connected Health Policy’s coverage of [ongoing telehealth policy changes*](#)
- HHS guidance for providers regarding [HIPAA Privacy during the COVID-19 outbreak](#)
- HHS [Frequently Asked Questions regarding HIPAA and Telehealth](#)
- HHS Bulletin: [Civil Rights, HIPPA, and the Coronavirus Disease 2019](#)
- [Alliance for Connected Care State Telehealth and Licensure Expansion COVID-19 Dashboard*](#)
- MentalHealth.gov [Get Immediate Help](#) emergency resources
- American Psychiatric Association
 - [Best Practices in Videoconferencing-Based Telemental Health*](#) and
 - [Telepsychiatry and COVID-19*](#)
 - [Telepsychiatry Toolkit*](#)
- Pennsylvania State University and the University of Texas at Austin [For Mental Health Professionals: State-by-state guide to the rules/laws about telehealth services across state lines*](#)

² See 45 C.F.R. 92.104(a) (covered providers must make information and communication technology accessible “unless doing so would result in undue financial and administrative burdens or a fundamental alteration in the nature of the health programs or activities.”).

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