Distance Counseling Legal and Ethical Best Practice: More Clients, Lower Expenses, Jobs

ACA 2016

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Learning Objectives

Participants will:

- Be able to identify and understand definitions used in online counseling, telemental health, as well as telemedicine and telehealth.
- Be able to identify three ethical best practice issues for working online.
- Be able to identify three legal best practice issues for working online.
Disclaimer

- We are counselors and an MFT/psychologist -- not attorneys, physicians or information technology specialists. The information we present is our best attempt to bring you timely and relevant information in a rapidly evolving area. We therefore make no warranty, guarantee, or representation as to the accuracy or sufficiency of the information contained in any of our training.

- Our goal is educational only. You are encouraged to seek specific advice related to your circumstance from your qualified authorities.
Housekeeping
Schedule
Restrooms
Questions
Resource web page:
www.telehealth.org/ACA
The world is re-tooling
Risk Management & Best Practices

Risk comes from not knowing what you are doing.

Warren Buffet
Best Practices in Counselor Preparation: Online Clinical Practice Management (OCPM)

Step 1: Training
Step 2: Referrals
Step 3: Patient Education
Step 4: Legalities
Step 5: Assessment
Step 6: Direct Care
Step 7: Reimbursement
Definitions

Telehealth vs. Technology?

- Distance Counseling
- Behavioral Telehealth
- eHealth
- Telehealth
- Telemedicine
- Telemental Health
- Telepsychology
- Online Therapy
- mHealth
- Telecounseling
Telemedicine – 1950’s
Telehealth 1997

Remote doctor examines a patient’s inner ear from a remote location.

Patient in rural ER gets benefit of local care plus remote consultation with specialists.
Telehealth vs. Distance Counseling
(working model not to scale)

Telehealth

Behavioral Disciplines, including Distance Counseling, Training & Supervision

Health Professions Education
Administration
Evaluation Research
Public Health

Regional Health Information Sharing
Consumer Education (and Self-management)
Homeland Security
Research
Benefits of Traditional Video-Based Telehealth*

- Hub-and-spoke model
  - Only work with previously identified clients/patients who have had an in-person assessment
  - Detailed and documented referral requests
  - Detailed health record at fingertips of clinician
  - Client/patient is at the “originating site”
  - Clinician is at the “distant” site
  - Community collaborator is available
- Client/patient is pre-trained by staff
- Technology is stable
  - IT staff is available during entire time of connection to client/patient
Benefits of Video-Based Distance Counseling

- Increased client satisfaction
- Decreased travel time
- Decreased travel, child & elder-care costs
- Increased access to underserved populations
- Improved accessibility to specialists
- Reduced emergency care costs
- Faster decision-making time
- Increased productivity / decreased lost wages
- Improved operational efficiency
- Efficacy is on par with in-person care for many groups
- Decreased hospital utilization

Recent Supporting Research

- Godleski, Darkins & Peters reported in April of 2012 that hospital utilization in psychiatric populations at the Veterans Administration were decreased by an average of 25% since the use of telehealth. It is worthy of note, however, that:
  - This study focused on clinic-based, high-speed videoconferencing and did not include any home telehealth encounters. Mental health patients were referred for telecare by clinicians. Typically, telemental health services were provided remotely at community-based outpatient clinics by mental health providers of all disciplines located at larger parent VA hospital facilities. Equipment consisted of either room or personal desktop videoconferencing units transmitting at 384 kbps or greater.

Recent Supporting Research

- Backhaus and colleagues (May, 2012) reported that:
  - 821 potential articles were identified, and 65 were selected for inclusion.
  - The results indicate that VCP is feasible, has been used in a variety of therapeutic formats and with diverse populations, is generally associated with good user satisfaction, and is found to have similar clinical outcomes to traditional face-to-face psychotherapy.

- Videoconferencing psychotherapy: A systematic review. Backhaus, Autumn; Agha, Zia; Maglione, Melissa L.; Repp, Andrea; Ross, Bridgett; Zuest, Danielle; Rice-Thorp, Natalie M.; Lohr, James; Thorp, Steven R. Psychological Services, Vol 9(2), May 2012, 111-131. doi: 10.1037/a0027924
Videoconferencing Psychotherapy: A Systematic Review

Autumn Backhaus  
VA San Diego Healthcare System, San Diego, California

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VA San Diego Healthcare System, San Diego, California and University of California, San Diego

Melissa L. Maglione, Andrea Repp, Bridgett Ross, and Danielle Zuerst  
VA San Diego Healthcare System, San Diego, California

Natalie M. Rice-Thorp  
University of California, San Diego

James Lohr and Steven R. Thorp  
VA San Diego Healthcare System, Center of Excellence for Stress and Mental Health, San Diego, California and University of California, San Diego

Individuals with mental health problems may face barriers to accessing effective psychotherapies. Videoconferencing technology, which allows audio and video information to be shared concurrently across geographical distances, offers an alternative that may improve access. We conducted a systematic literature review of the use of videoconferencing psychotherapy (VCP), designed to address 33 specific questions, including therapeutic types/formats that have been implemented, the populations with which VCP is being used, the number and types of publications related to VCP, and available satisfaction, feasibility, and outcome data related to VCP. After electronic searches and reviews of reference lists, 821 potential articles were identified, and 65 were selected for inclusion. The results indicate that VCP is feasible, has been used in a variety of therapeutic formats and with diverse populations, is generally associated with good user satisfaction, and is found to have similar clinical outcomes to traditional face-to-face psychotherapy. Although the number of articles being published on VCP has increased in recent years, there remains a need for additional large-scale clinical trials to further assess the efficacy and effectiveness of VCP.

Keywords: telehealth, telemental health, telemedicine, videoconferencing, psychotherapy
Table 1
Empirical Studies

<table>
<thead>
<tr>
<th>Uncontrolled studies</th>
<th>Nonrandomized controlled studies</th>
<th>Randomized controlled studies</th>
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<tr>
<td>Author(s)</td>
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<td>Bakker et al., 2004</td>
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<td>Bouchard et al., 2004</td>
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<tr>
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<td>8</td>
<td>Germain et al., 2010</td>
</tr>
<tr>
<td>Coven et al., 2004</td>
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<td>Grealy &amp; Milson, 2009</td>
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<td>Deitche et al., 2000</td>
<td>4</td>
<td>Harvey-Britton, 1998</td>
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<tr>
<td>Eakin et al., 2004</td>
<td>3</td>
<td>Morgan et al., 2008</td>
</tr>
<tr>
<td>Fein et al., 2005</td>
<td>18</td>
<td>Simpson et al., 2006</td>
</tr>
<tr>
<td>Glend et al., 1997</td>
<td>11</td>
<td>Turski et al., 2010</td>
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<td>Goldfield &amp; Bouchin, 2003</td>
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<td>Griffin et al., 2006</td>
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<td>Hill et al., 2001</td>
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<td>Hinkle et al., 2006</td>
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<td>Kaplan, 1997</td>
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<tr>
<td>Manschanda &amp; McClain, 1998</td>
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<td></td>
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<tr>
<td>Neison &amp; Bien, 2010</td>
<td>1</td>
<td></td>
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<tr>
<td>Oates et al., 2008</td>
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<td></td>
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<tr>
<td>Oliver &amp; DeMott, 2010</td>
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<td>Prussik et al., 2004</td>
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<td>Shappard et al., 2006</td>
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<td>Shone &amp; Manose, 2006</td>
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<tr>
<td>Simpson, 2003</td>
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<td></td>
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<td>Simpson et al., 2002</td>
<td>11</td>
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<td>Simpson et al., 2003</td>
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<tr>
<td>Toddler et al., 2007</td>
<td>2</td>
<td></td>
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<tr>
<td>Toddler &amp; Kaplan, 2003</td>
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</tbody>
</table>

* Study is excluded from analysis of research Questions 4–6 due to having overlapping samples with another study.*
Recent Supporting Research

Hilty, Ferrer, Parish, Johnston, Callahan & Yellowlees – 2013

- Reviewed a total of 755 studies and included 85 studies
- Results: Telemental health is effective for diagnosis and assessment across many populations (adult, child, geriatric, and ethnic) and for disorders in many settings (emergency, home health) and appears to be comparable to in-person care. In addition, this review has identified new models of care (i.e., collaborative care, asynchronous, mobile) with equally positive outcomes.

Research Article

SYNCHRONOUS TELEHEALTH TECHNOLOGIES IN PSYCHOTHERAPY FOR DEPRESSION: A META-ANALYSIS

James E. Collishaw, Ph.D., Karen M. O’Sullivan, Ph.D., Matthew Mildner, Ph.D., and Deirdre J. Strojny, Ph.D., M.D. (H)

Background: Many patients suffering from depression lack immediate access in US. The use of synchronous telehealth modalities to deliver psychotherapy is one solution to this problem. This meta-analysis examined differences in treatment efficacy for psychotherapy administered via synchronous telehealth as compared to standard nonvirtual approaches. Methods: We located 14 articles that met inclusion criteria. The use of a synchronous telehealth modality for treatment compared with a standard nonvirtual modality was included in this study. Results: Overall, a statistically significant weighted difference, for the analysis of each of the comparisons between the two groups and the control group, was identified (q = 0.25, SE = 0.006, 99% CI = [0.01, 0.06], P = 0.05). Sensitivity analyses and subgroup analyses were used to analyze the contribution of type of comparison group, intervention modality, and site (synchronous telehealth outcomes) to the observed heterogeneity and to assess the influence of each comparison group. Conclusions: Overall, we found no evidence of a difference in the delivery of psychotherapy via synchronous telehealth modality in its efficacy when compared with standard in-person treatment. Depression and Anxiety 48(1-2), 2021.

Key words: depression, telehealth, advanced health, meta-analysis

INTRODUCTION

Depression is a common and disabling illness that affects millions of people worldwide. The National Comorbidity Survey Replication, the 1-month and lifetime prevalence rates for depression in the United States are 6.7% and 18.7%, respectively. Moreover, 73.4% of lifetime cases and 78.3% of 1-month cases had some DSM-IV-TR diagnosis. World Health Organization has ranked as the leading cause of disability in the world. Similarly, more people died by antidepressant overuse in the estimation of depression overuse. However, a significant portion of the population has no access to specialty care or is not covered by insurance. The only about 25% of patients with depression follow psychiatric specialty care, and in the United States, over 80% of people who die by antidepressant overuse have seen a primary care physician in the last six months of their lives.}

Published 2018. This article is a U.S. Government work and is in the public domain in the USA.
SYNCHRONOUS TELEHEALTH TECHNOLOGIES IN PSYCHOTHERAPY FOR DEPRESSION: A META-ANALYSIS

Janyce E. Osenbach, Ph.D.,* Karen M. O’Brien, Ph.D., Matthew Mishkind, Ph.D., and Derek J. Smolenski, Ph.D., M.P.H.

Published in DEPRESSION AND ANXIETY 00:1–10 (2013)
To date, no studies have identified any patient subgroup that does not benefit from, or is harmed by, mental healthcare provided through remote videoconferencing. Recent large randomized controlled trials demonstrate effectiveness of telemental health with many smaller trials also supporting this conclusion.
Caution – Consider Context
Online Norm vs. Standard of Care

- No Contact with Other Treating Clinicians
- No Authentication of Consumer / Professional
- No Emergency Backup Procedures
  - Misunderstanding of Clinical Processes (suicide)
  - Operating w/o Needed Research for Unsupervised Settings
Caution – Consider Context
Online Norm vs. Standard of Care

- Mostly Email / Chat vs. Video
- Anonymity / No Patient Records
- Avoid Responsibility w/ Website Disclaimers
- No Clear Channels for Mandated Reporting
TMHI Client Selection

- Study the evidence base (research)
- People with almost all diagnostic symptoms have been treated with traditional telehealth
- Treatment to the home has not yet identified which groups are too risky
- Understand differences between treatment of individuals in 1 setting vs, another (hospital vs. car, park, bed etc.)
- Consider compliance problems
Distance Counseling & Other Services
## Online Norm vs. Traditional Behavioral Telehealth (or Telemental Health)

<table>
<thead>
<tr>
<th>Traditional Online Therapy</th>
<th>Traditional Behavioral Telehealth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mostly Email &amp; Chat</td>
<td>Video</td>
</tr>
<tr>
<td>Anonymity</td>
<td>Verify clients/patients</td>
</tr>
<tr>
<td>Accept self-referral online</td>
<td>Rely on referrals from clinical offices</td>
</tr>
<tr>
<td>Disclaim Responsibility w/ Website Disclaimers</td>
<td>Use informed consent processes/documentation</td>
</tr>
<tr>
<td>No Clear Channels for Mandated Reporting</td>
<td>Engage in mandated reporting</td>
</tr>
<tr>
<td>No Patient Records</td>
<td>Document as required by law</td>
</tr>
</tbody>
</table>
# Online Norm vs. Traditional Behavioral Telehealth (or Telemental Health)

<table>
<thead>
<tr>
<th>Traditional Online Therapy</th>
<th>Traditional Telemental Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>- No Contact with Other Treating Clinicians</td>
<td>- Obtain signed releases and collaborate</td>
</tr>
<tr>
<td>- No Authentication of Consumer / Professional</td>
<td>- Verify identify of both Consumer and Professional</td>
</tr>
<tr>
<td>- No Emergency Backup Procedures</td>
<td>- Establish emergency backup plan and personnel prior to delivering care</td>
</tr>
<tr>
<td>- Misunderstanding of Clinical Processes (suicide)</td>
<td></td>
</tr>
<tr>
<td>- Scant Research for Unsupervised Settings</td>
<td></td>
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</tbody>
</table>
**Text Messaging for Counseling, Therapy & Crisis Intervention?**

By: Marlene M. Maloof, Ph.D.

Over the last six months, we’ve seen a variety of new text messaging therapy sites that promise to bring the convenience of on-demand, 24/7 “therapy” to the consumer’s pocket. Type your problem, get an answer — and move on. What could be better?

**BetterHelp**

In October, the New York Times did an expose of All-You-Can-Text Therapy Services, wherein a service called BetterHelp connects licensed mental health professionals to consumers after completion of a simple questionnaire and a $40 credit-card swipe. With a tag line of “It’s Never Too Late to Be Happy,” the service touts its advantages by stating, “Online Counseling is accessible, affordable, and discreet.” In his description of the site’s service, the NYT journalist states,

> My BetterHelp therapist asked the same kind of thought-provoking questions as the traditional therapists I worked with in the past. What is it about your future that you’re unsure of? Can you tell me about your life and what is different now? Because of the continuing, open-ended nature of the text chat, however, she helped me identify anxiety triggers and coping mechanisms much faster than it would have taken had we met only once a week. What’s more, I came to find that launching the BetterHelp site on my smartphone or laptop and writing out my thoughts became therapeutic in itself.

**Talkspace**

The same article described Talkspace, which offers unlimited text chat with a licensed therapist, “but it costs just $25 a week and gets you up and running faster.” What was the author’s experience? Here’s a glimpse:

My Talkspace therapist wrote long, thoughtful responses to my self-deprecating journal entries, pulling apart the elements and dissecting them as only a true professional therapist can do. He asked me to expand on and reflect on my entries, always checking if I felt that we were making progress, and assuring me that what we were doing had a positive end in sight. The process was identical to what I had experienced in traditional therapy, except I had access to it any time.

The author went on to describe yet more services available at Talkspace. “The site allows you to change therapists (currently 90 are registered with the site) at any point. Should you want to go with a more traditional talk therapy route, you can sign up for a 30-minute live-video session, which costs $28.” In November, CNN Money also commented on Talkspace in an article called, Does your therapy actually work? The NCC journalist seemed to be impressed with the efficacy of text-therapy, evidenced by this statement:

> I was surprised by how much she was able to read between the lines, as she encouraged me to expand on certain issues or return to something I’d mentioned before. Despite having much background on me, simple questions in response to my dating dilemmas (“Why aren’t you allowing yourself any more options?”) caused me to reflect on my own relationship history, and why I was viewing my current situation through a black-and-white lens.

The CNN article drew on the expertise of Dr. George Nurtsey, a psychological researcher from Columbia University, who concludes that online therapy solutions like Talkspace (which raised $2.5 million in
All Existing Legal & Ethical Rules Apply
Best Practices in Counselor Preparation

What’s the difference between Standards vs. Guidelines?
Identify key Affordable Care Act (ACA) changes that will soon make an online practice look very appealing.
Why Distance Counseling Is Proliferating Online

• Online practice is legal and ethical
• Governments have been building the telehealth infrastructure since 1950’s
• Many evidence-based models shown safe and effective for behavioral care & allow professionals to work from home
Why Distance Counseling Is Proliferating Online

- Security / privacy / reliability and ease-of-use of technology has increased
- Cost of technology has decreased
- Professional associations have issued standards and guidelines in support of distance counseling
- Healthcare recognizing that behavioral care is essential to lowering health care “spend”
<table>
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<tr>
<th>Rank</th>
<th>Primary Diagnosis</th>
<th>Medicare</th>
<th>Medicaid</th>
<th>Commercial</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Pneumonia</td>
<td>18.3%</td>
<td>13.3%</td>
<td>9.6%</td>
</tr>
<tr>
<td>2</td>
<td>Mood Disorders</td>
<td>20.2%</td>
<td>17.2%</td>
<td>10.2%</td>
</tr>
<tr>
<td>3</td>
<td>Osteoarthritis</td>
<td>5.4%</td>
<td>6.0%</td>
<td>3.1%</td>
</tr>
<tr>
<td>4</td>
<td>Congestive Heart Failure</td>
<td>25.3%</td>
<td>29.8%</td>
<td>19.7%</td>
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<tr>
<td>5</td>
<td>Cardiac Dysrhythmias</td>
<td>16.6%</td>
<td>18.5%</td>
<td>9.2%</td>
</tr>
<tr>
<td>6</td>
<td>Septicemia (except in labor)</td>
<td>22.0%</td>
<td>23.7%</td>
<td>15.7%</td>
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<tr>
<td>7</td>
<td>Coronary Atherosclerosis</td>
<td>15.3%</td>
<td>17.4%</td>
<td>9.0%</td>
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<tr>
<td>8</td>
<td>Childbirth Trauma</td>
<td>0.0%</td>
<td>0.8%</td>
<td>0.6%</td>
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<td>9</td>
<td>COPD &amp; Bronchiectasis</td>
<td>21.9%</td>
<td>25.0%</td>
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</tr>
<tr>
<td>10</td>
<td>Nonspecific Chest Pain</td>
<td>12.8%</td>
<td>14.8%</td>
<td>5.0%</td>
</tr>
<tr>
<td></td>
<td>All</td>
<td>15.8%</td>
<td>16.7%</td>
<td>9.6%</td>
</tr>
</tbody>
</table>

Source: hcupnet.ahrq.gov
Why Distance Counseling Is Proliferating Online

- The United State’s Affordable Care Act relies on technology and automation to decrease $S, especially in chronic illness.
- Many professionals will not gravitate to accountable care models in medical offices.
- Lower overhead / convenience of home-based offices.
- Greater access to under-served consumers who cost the system the most $$$
- Epidemic proportions of citizens now recognized as having mental health disorders.
- Predictions all point to a steady growth pattern.
- Consumers are ready – many are demanding online care.
Over 75% of Mayo Clinic telephone survey respondents stated they’d be interested in being seen online for healthcare (September, 2014)
Figure 2. Technology Use is Evolving

Recent surveys from the Pew Research Center indicate that a majority of U.S. adults use technology to engage in their health care:

- **63%** of adult cell owners use their phones to go online
  - Has doubled since 2009
  - 34% mostly go online using their cell phone
  - 21% do most of their online browsing using their mobile phone—and not some other device such as a desktop or laptop computer

- **69%** of U.S. adults track a health indicator like weight, diet, exercise routine or symptom
  - Half track “in their heads”
  - One-third keep notes on paper
  - One in five use technology to keep tabs on their health status

- **35%** of U.S. adults have gone online to figure out a medical condition
  - Of these, half followed up with a visit to a medical professional

- **39%** of U.S. adults provide care for a loved one
  - Up from 30% in 2010
  - Many navigate health care with the help of technology

Source: Pew Research Center
20/20: A Vision for the Future of Counseling

4) Creating a portability system for licensure will benefit counselors and strengthen the counseling profession.
Discipline-Specific Issues

- **Scope of Practice**
  - Special informed consent laws
  - Special cases related to telehealth
    - Oklahoma case of Dr. Trow
      - No in-person assessment
      - No informed consent
      - No HIPAA-compliant technology (he used Skype)
OCPM: Online Clinical Practice Management Roadmap

Follow Professional Standards
ACA Code of Ethics Preamble

The American Counseling Association (ACA) is an educational, scientific, and professional organization whose members work in a variety of settings and serve in multiple capacities. Counseling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals. Professional values are an important way of living out an ethical commitment. The following are core professional values of the counseling profession:

1. Enhancing human development throughout the life span;
2. Honoring diversity and embracing a multicultural approach in support of the worth, dignity, potential, and uniqueness of people within their social and cultural contexts;
3. Promoting social justice;
4. Safeguarding the integrity of the counselor-client relationship; and
5. Practicing in a competent and ethical manner.

These professional values provide a conceptual basis for the ethical principles enumerated below. These principles are the foundation for ethical behavior and decision making. The fundamental principles of professional ethical behavior are

- Autonomy, or fostering the right to control the direction of one's life;
- Nonmaleficence, or avoiding actions that cause harm;
- Beneficence, or working for the good of the individual and society by promoting mental health and well-being;
- Justice, or treating individuals equitably and fostering fairness and equality;
- Fidelity, or honoring commitments and keeping promises, including fulfilling one's responsibilities of trust in professional relationships; and
- Integrity, or dealing truthfully with individuals with whom counselors come into professional contact.

ACA Code of Ethics Purpose

The ACA Code of Ethics serves six main purposes:

1. The Code sets forth the ethical obligations of ACA members and provides guidance intended to inform the ethical practice of professional counselors.
2. The Code identifies ethical considerations relevant to professional counselors and counselors-in-training.
3. The Code enables the association to clarify for current and prospective members, and for those served by members, the nature of the ethical responsibilities held in common by its members.
4. The Code serves as an ethical guide designed to assist members in constructing a course of action that best serves those utilizing counseling services and establishes expectations of conduct with a primary emphasis on the role of the professional counselor.
5. The Code helps to support the mission of ACA.
6. The standards contained in this Code serve as the basis for processing inquiries and ethics complaints concerning ACA members.

The ACA Code of Ethics contains nine main sections that address the following areas:

Section A: The Counseling Relationship
Section B: Confidentiality and Privacy
Section C: Professional Responsibility
Section D: Relationships With Other Professionals
Section E: Evaluation, Assessment, and Interpretation
Section F: Supervision, Training, and Teaching
Section G: Research and Publications
Section H: Distance Counseling, Technology, and Social Media
Section I: Resolving Ethical Issues

Each section of the ACA Code of Ethics begins with an introduction. The introduction to each section describes the ethical behavior and responsibility to which counselors aspire. The introductions help set the tone for each particular section and provide a starting point that invites reflection on the ethical standards contained in each part of the ACA Code of Ethics. The standards outline professional responsibilities and provide direction for fulfilling those ethical responsibilities.

When counselors are faced with ethical dilemmas that are difficult to resolve, they are expected to engage in a carefully considered ethical decision-making process, consulting available resources as needed. Counselors acknowledge that resolving ethical issues is a process; ethical reasoning includes consideration of professional values, professional ethical principles, and ethical standards.

Counselors’ actions should be consistent with the spirit as well as the letter of these ethical standards. No specific ethical decision-making model is always most effective, so counselors are expected to use a credible model of decision making that can bear public scrutiny of its application. Through a chosen ethical decision-making process and evaluation of the context of the situation, counselors work collaboratively with clients to make decisions that promote clients’ growth and development. A breach of the standards and principles provided herein does not necessarily constitute legal liability or violation of the law; such action is established in legal and judicial proceedings.

The glossary at the end of the Code provides a concise description of some of the terms used in the ACA Code of Ethics.
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These professional values provide a conceptual basis for the ethical principles enumerated below. These principles are the foundation for ethical behavior and decision making. The fundamental principles of professional ethical behavior are:

- Autonomy, or fostering the right to control the direction of one’s life;
- Nonmaleficence, or avoiding actions that cause harm;
- Beneficence, or working for the good of the individual and society by promoting mental health and well-being;
- Justice, or treating individuals equitably and fostering fairness and equality;
- Fidelity, or honoring commitments and keeping promises, including fulfilling one’s responsibilities of trust in professional relationships; and
- Veracity, or dealing truthfully with individuals with whom counselors come into professional contact.
ACA Code of Ethics Purpose

The ACA Code of Ethics serves six main purposes:

1. The Code sets forth the ethical obligations of ACA members and provides guidance intended to inform the ethical practice of professional counselors.
2. The Code identifies ethical considerations relevant to professional counselors and counselors-in-training.
3. The Code enables the association to clarify for current and prospective members, and for those served by members, the nature of the ethical responsibilities held in common by its members.
4. The Code serves as an ethical guide designed to assist members in constructing a course of action that best serves those utilizing counseling services and establishes expectations of conduct with a primary emphasis on the role of the professional counselor.
5. The Code helps to support the mission of ACA.
6. The standards contained in this Code serve as the basis for processing inquiries and ethics complaints concerning ACA members.

The ACA Code of Ethics contains nine main sections that address the following areas:

- Section A: The Counseling Relationship
- Section B: Confidentiality and Privacy
- Section C: Professional Responsibility
- Section D: Relationships With Other Professionals
- Section E: Evaluation, Assessment, and Interpretation
- Section F: Supervision, Training, and Teaching
- Section G: Research and Publication
- Section H: Distance Counseling, Technology, and Social Media
- Section I: Resolving Ethical Issues

When counselors are faced with ethical dilemmas that are difficult to resolve, they are expected to engage in a carefully considered ethical decision-making process, consulting available resources as needed. Counselors acknowledge that resolving ethical issues is a process; ethical reasoning includes consideration of professional values, professional ethical principles, and ethical standards.

Counselors’ actions should be consistent with the spirit as well as the letter of these ethical standards. No specific ethical decision-making model is always most effective, so counselors are expected to use a credible model of decision making that can bear public scrutiny of its application. Through a chosen ethical decision-making process and evaluation of the context of the situation, counselors work collaboratively with clients to make decisions that promote clients’ growth and development. A breach of the standards and principles provided herein does not necessarily constitute legal liability or violation of the law; each action is established in legal and judicial proceedings.

The glossary at the end of the Code provides a concise description of some of the terms used in the ACA Code of Ethics.
reasonable steps to correct such errors in a correction erratum or through other appropriate publication means.

G.4.d. Identity of Participants
Counselors who supply data, aids in the research of another person, report research results, or make original data available take due care to disguise the identity of respective participants in the absence of specific authorization from the participants to do otherwise. In situations where participants self-identify their involvement in research studies, researchers take active steps to ensure that data are adapted/changed to protect the identity and welfare of all parties and that discussion of results does not cause harm to participants.

G.4.e. Replication Studies
Counselors are obligated to make available sufficient original research information to qualified professionals who may wish to replicate or extend the study.

G.5. Publications and Presentations
G.5.a. Use of Case Examples
The use of participants’, clients’, students’, or supervisees’ information for the purpose of case examples in a presentation or publication is permissible only when (a) participants, clients, students, or supervisees have reviewed the material and agreed to its presentation or publication or (b) the information has been sufficiently modified to obscure identity.

G.5.b. Plagiarism
Counselors do not plagiarize; that is, they do not present another person’s work as their own.

G.5.c. Acknowledging Previous Work
In publications and presentations, counselors acknowledge and give recognition to previous work on the topic by others or self.

additional concerns related to the use of distance counseling, technology, and social media and make every attempt to protect confidentiality and meet any legal and ethical requirements for the use of such resources.

H.1. Knowledge and Legal Considerations
H.1.a. Knowledge and Competency
Counselors who engage in the use of distance counseling, technology, and/or social media develop knowledge and skills regarding related technical, ethical, and legal considerations (e.g., special certifications, additional course work).

H.1.b. Laws and Statutes
Counselors who engage in the use of distance counseling, technology, and social media within their counseling practice understand that they may be subject to laws and regulations of both the counselor’s practicing location and the client’s place of residence. Counselors ensure that their clients are aware of pertinent legal rights and limitations governing the practice of counseling across state lines or international boundaries.

Section H
Distance Counseling, Technology, and Social Media

• distance counseling credentials, physical location of practice, and contact information:
Relevant Professional Association Standards & Guidelines

♦ American Counseling Association (2014). *2014 ACA Code of Ethics*
♦ American Psychological Association (2103). *Guidelines for the Practice of Telepsychology*
♦ AmericanTelemedicine Association (ATA). (2013). *Practice Guidelines For Video-Based Online Mental Health Services.*
NBCC: Standards For Distance Professional Services

- NCCs shall carefully adhere to legal regulations before providing distance services. This review shall include legal regulations from the state in which the counselor is located as well as those from the recipient’s location.

- Given that NCCs may be offering distance services to individuals in different states at any one time, the NCC shall document relevant state regulations in the respective record(s).
NBCC: Standards For Distance Professional Services

- Boundaries of competence
  - NCCs shall provide only those services for which they are qualified by education and experience. NCCs shall also consider their qualifications to offer such service via distance means.

- Are counselors competent to deliver traditional service in technical environments? Technical and clinical training may be needed.
Describe at least two multicultural issues of relevance to distance counseling.
Multicultural Issues & Diversity

Boundaries of Competence
ACA Code of Ethics: H.5.d. Multicultural and Disability Considerations

- Counselors who maintain websites provide accessibility to persons with disabilities. They provide translation capabilities for clients who have a different primary language, when feasible. Counselors acknowledge the imperfect nature of such translations and accessibilities.
## Multicultural / Multilingual Issues

<table>
<thead>
<tr>
<th>Issue</th>
<th>How to measure?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Global nature of the Internet – worldwide audiences</td>
<td>Search online for various instruments that might be valid for your population</td>
</tr>
<tr>
<td>Multicultural issues are quite visible in the document, but English</td>
<td>Look for English proficiency tests</td>
</tr>
<tr>
<td>as a second language issue are not mentioned</td>
<td>- Free</td>
</tr>
<tr>
<td>Rarely mentioned anywhere</td>
<td>- Easy to take</td>
</tr>
<tr>
<td></td>
<td>- Get to know the norms</td>
</tr>
<tr>
<td></td>
<td>Spoken English is different from written English</td>
</tr>
</tbody>
</table>
Explain why a standard informed consent document is inadequate for distance consulting.
Informed Consent
Informed Consent

• Represents a “meeting of the minds”
  – Information is influenced by many factors, including
    • Client/Patient’s capacity for absorbing information
    • Time limits
    • Clinician’s schedule
  – Subject matter is often complex and technical
  – Clinician thinks she is speaking English
  – Client/Patient may be under stress (or may assert so later)
  – Mental illness
• Document only serves as important evidence
Section H
Distance Counseling, Technology, and Social Media

Introduction
Counselors understand that the profession of counseling may no longer be limited to in-person, face-to-face interactions. Counselors actively attempt to understand the evolving nature of the profession with regard to the use of distance counseling, technology, and social media and how such resources may be used to better serve their clients. Counselors strive to become knowledgeable about these resources. Counselors understand the other tertiary purposes respect the confidentiality and proprietary rights of those who submit G.8.a. Use of Case Examples
The use of participants', clients', students', or supervisees' information for the purpose of case examples in a presentation or publication is permissible only when (a) participants, clients, students, or supervisees have reviewed the material and agreed to its presentation or publication or (b) the information has been sufficiently modified to obscure identity.

G.8.b. Plagiarism
Counselors do not plagiarize; that is, they do not present another person's work as their own.

G.8.c. Acknowledging Previous Work
In publications and presentations, counselors acknowledge and give recognition to previous work on the topic by others or self.

G.8.d. Contributors
Counselors give credit through joint authorship, acknowledgment, footnote statements, or other appropriate means to those who have contributed significantly to research or concept development in accordance with such contributions. The principal contributor is listed first, and minor technical or professional contributions are acknowledged in notes or introductory statements.

H.2. Informed Consent and Security
H.2.a. Informed Consent and Disclosure
Clients have the freedom to choose whether to use distance counseling, social media, and/or technology within the counseling process. In addition to the usual and customary protocol of informed consent between counselor and client for face-to-face counseling, the following issues, unique to the use of distance counseling, technology, and/or social media, are addressed in the informed consent process:

- distance counseling credentials, physical location of practice, and contact information;
- risks and benefits of engaging in the use of distance counseling, technology, and/or social media;
- possibility of technology failure and alternate methods of service delivery;
- anticipated response time;
- emergency procedures to follow when the counselor is not available;
- time zone differences;
- cultural and/or language differences that may affect delivery of services;

- ACA Code of Ethics

- possible denial of insurance benefits; and
- social media policy.

H.2.b. Confidentiality Maintained by the Counselor
Counselors acknowledge the limitations of maintaining the confidentiality of electronic recordings and transmissions. They inform clients that individuals might have authorized or unauthorized access to such records or transmissions and establish professional boundaries with clients regarding the appropriate use and/or application of technology and the limitations of its use within the counseling relationship (e.g., lack of confidentiality, times when not appropriate to use).

H.2.c. Technology-Assisted Services
When providing technology-assisted services, counselors make reasonable efforts to determine that clients...
Informed Consent Documentation Basics

- Discuss the purpose of remote contact
- Privacy & Confidentiality
  - Understand your technology (email, texting, video) and its clinical repercussions related to privacy and technology
Informed Consent Documentation Basics

- **Privacy & Security (Cont.)**
  - Inform clients of who will have access to their email address, phone number, or any other contact information
  - Inform the client of who else might contact them on your behalf

- **Diversity**
  - Multi-cultural, multi-lingual, religious, LGBT, and other issues
Name at least three steps for managing risk associated with mandated reporting, suicide and homicide.
Emergencies

Have and document a plan during informed consent process.

1. Discuss carefully with client
2. Write plan in your informed consent document
3. Develop prior relationships with local community:
   - Physician
   - Family
   - School personnel
   - Other leaders (AA, religious?)
   - Emergency response team
   - Know community resources (hospitals, drug/alcohol treatment facilities, etc.)
   - Know your local collaborators

4. Inform client of when you will contact local leaders, what you will tell them.
5. Cover your termination procedure (i.e., “I will make 2 telephone calls, leave you 2 messages, send you a letter in surface mail with a copy to your physician.”)
A patient site assessment shall be undertaken, including obtaining information on local regulations & emergency resources, and identification of potential local collaborators to help with emergencies.

Emergency protocols shall be created with clear explanation of roles & responsibilities in emergencies.

- Determine outside emergency coverage
- Establish guidelines for determining at what point other staff and resources should be recruited to help manage emergencies
- Be familiar with local civil commitment regulations and have arrangements where possible to work with local staff to initiate/assist with civil commitments
I.1.c. Conflicts Between Ethics and Laws

If ethical responsibilities conflict with the law, regulations, and/or other governing legal authority, counselors make known their commitment to the ACA Code of Ethics and take steps to resolve the conflict. If the conflict cannot be resolved using this approach, counselors, acting in the best interest of the client, may adhere to the requirements of the law, regulations, and/or other governing legal authority.
What Do You Do If YOU Are the Company?

- Look at the ethical code for the type of professional you seek to hire
- Consider the ethical obligations they have toward the clients you will be delivering
- Seek consultation from a telehealth subject matter expert
- Seek consultation from a telehealth attorney
- Seek the consult of the association’s ethical board
- Document everything
How do I handle technical issues created by my video teleconferencing (VTC) system during a call?
Tech Problems During a Call

- Practice before you work with clients/patients
- Relax – trust your training
- Have an agreement with your client/patient that you will call each other using a designated telephone number
- Always have that phone number on hand when you conduct a session
- Have an agreement about who will call the other
TeleSupervision

Many models have been shown quite effective
Using Technology to Enhance Clinical Supervision

Tony Rousmaniere (Editor), Edina Renfro-Michel (Editor)

338 pages
January 2016

Description

This is the first comprehensive research and practice-based guide for understanding and assessing supervision technology and for using it to improve the breadth and depth of services offered to supervisees and clients. Written by supervisors, for supervisors, it examines the technology that is currently available and how and when to use it.

Part I provides a thorough review of the technological, legal, ethical, cultural, accessibility, and security competencies that are the foundation for effectively integrating technology into clinical supervision. Part II presents applications of the most prominent and innovative uses of technology across the major domains in counseling, along with best practices for delivery. Each chapter in this section contains a literature review, concrete examples for use, case examples, and lessons learned.
Professional Training

- Clinical Competencies
  - Department of Defense (DoD)
  - Ohio Psychology Board
  - Professional Associations
    - Society for Technology & Behavioral Health
  - TeleMental Health Institute

- Technical Competencies
  - Association for Counselor Education and Supervision (ACES)
ACES Technical Competencies

- *Technical Competencies For Counselor Education: Recommended Guidelines For Program Development* (2007)

OCPM: Online Clinical Practice Management

Step 1: Training
Step 2: Referrals
Step 3: Patient Education
Step 4: Legalities
Step 5: Assessment
Step 6: Direct Care
Step 7: Reimbursement
Who is Responsible

- ...if you make a referral to a long-trusted colleague who suddenly conducts distance counseling with a client you referred?
- ...what if the client suddenly decompensates and makes a suicide attempt?
Know the Practices of Your Colleagues

- Ask
- Keep them informed of your practices and rationales
- Suggest training when needed
- Document training suggestions when appropriate
Step 1: Training  
Step 2: Referrals  
**Step 3: Client Education**  
Step 4: Legal Issues  
Step 5: Assessment  
Step 6: Direct Care  
Step 7: Reimbursement
Client/Patient Training

- Email / Texting / Telephone / Video
- Social networking – social media policy
- File exchange
- Computer repair
- Clinical records
- Insurance
- Reports
- Lateness / Missed sessions
- Non-compliance / Avoidance
Opening Protocols

Educate client/patient about the need for routine opening protocols that might include:

- Your name and location, name of clinic, hospital, agency?
- Client/patient name and location?
  - direct phone number for emergency services of today’s location (tested?)
- Reason for meeting?
- Are children cared for?
- Any expected interruptions?
- Door locked?
- Room scan?
  - Scan your room with your camera and ask client/patient to do the same
- Anything else of note with your population?
- Is there anyone in your room or within ear-shot today? (Agree on safety code words, signals or phrases)
- Is there anything else I might notice and find of interest if I were in the same room with you today?
- Has there been an emergency in your environment today?
- Is there anything else I should know about before we begin talking?

* Obtain full legal review with a local telehealth attorney prior to using any TMHI sample wording with clients either verbally or in your informed consent document.
Local Collaborators or Champions
Local Collaborators or Champions

- Identify and use of a local collaborator such as a family member or close friend of a patient
  - Enter name and contact information into informed consent document
  - Stipulate under which conditions these people will be contacted
- Outline emergency procedures and when collaborator will be notified
- Clearly define expected roles and responsibilities of local collaborators
- Consider discussing these issues with family members directly
Local Collaborators or Champions

- Local collaborator can be helpful for:
  - providing information about the patient’s history
  - monitoring mood and behavior
  - assisting with treatment planning and coordination
  - coordination with local 911 service when needed
  - provide an additional mechanism for contacting patients if a connection becomes lost
  - provide on-site technical assistance
  - provide support to a patient during emergency situations
What are the must-dos for community champions and informed consent to minimize your risk?
Community Champion

- Assess when using a local collaborator may not be advisable:
  - Safety of local collaborators must be carefully considered – may be best to rely on trained 911 responders
  - Be cognizant of potential deleterious effect of disclosures made during emergency management on patient confidentiality and relationships, especially in small communities
Step 1: Training
Step 2: Referrals
Step 3: Client Education
Step 4: Legal Issues
Step 5: Assessment
Step 6: Direct Care
Step 7: Reimbursement
OCPM: Online Clinical Practice Management

HIPAA, HITECH & Your State Law
Three HIPAA Rules:

- Transmission
- Privacy
- Security
HIPAA Privacy Rule

Data are “individually identifiable” if they include any of the 18 types of identifiers, listed below, for an individual or for the individual’s employer or family member, or if the provider or researcher is aware that the information could be used, either alone or in combination with other information, to identify an individual:
HIPAA Privacy Rule (cont.)

1. Name
2. Address (all geographic subdivisions smaller than state, including street address, city, county, zip code)
3. All elements (except years) of dates related to an individual (including birth date, admission date, discharge date, date of death and exact age if over 89)
4. Telephone numbers
5. Fax number
6. Email address
7. Social Security number
8. Medical record number
9. Health plan beneficiary number
10. Account number
11. Certificate/license number
12. Any vehicle or other device serial number
13. Device identifiers or serial numbers
14. Web URL
15. Internet Protocol (IP) address numbers
16. Finger or voice prints
17. Photographic images
18. Any other characteristic that could uniquely identify the individual
HIPAA Risk Analysis

- Process of risk analysis
- Documentation of risk analysis
  - Know your vulnerabilities
  - Realize you may not be able to find all problems
  - Identify 10 biggest things that are risks
  - Document that you are diligently working to fix those things
HIPAA Risk Analysis

- Define & constrain your systems, including people involved
  - Computer, tablets, mobile device, networks you use to connect
  - Coffee shop office, home, car
  - Computerized files – firewalls? Passwords?
  - Mobile phone – address book with names of clients? Passwords
  - Text messages on phones shared with other people
  - Laptop used by children
  - iPad used with spouse
Managing Risk

- If you don’t need 5 pieces of equipment, use fewer for your practice
- Rule out the use of coffee shop networks or hotels
- Stop looking at very easy ways to use new technology – they interject new risks

- Only use vendors who give “Business Associate Agreements” ("BAAs")
- Mention in informed consent that you are sharing protected health information with vendors
- Get paid version of email software (Gmail?) so they give you a business associate’s agreement
Conduct Risk Assessment & Planning

Update Policies and Procedures

Develop & Implement Incident Response Plan

Foster Culture of Compliance with Training & Education

Review Vendor List & Update Business Associate Agreements
HIPAA Documentation

- Risk Analysis
- Business Associates Agreement
- Informed Consent
Email

- HIPPA Omnibus Act allows us to have email contact without meeting usual HIPAA standards when risks are fully disclosed in

- Be aware of inherent problems with soliciting email contact from websites and directories.
Email signature templates - Mobile email signatures

If you only ever create email signature designs with desktop users in mind, we have to say it but you're wasting a lot of time. You are basically alienating over half of your audience by ignoring the mobile market.

People check their emails whenever and whenever they use their smartphones and tablets. We can all check our emails whenever we are out of the office, eating our lunch, on our daily commutes and even while we are lying in bed. You need to make sure that all of your email signatures are designed to be mobile-friendly.

These email signature templates showcase how the mobile email signature can be short and concise:

1. This email signature template shows how the mobile email signature has to be short and concise:

   [Image of a mobile email signature example]

   Karen Green | Graphic Designer
   Email: kgreen@bluesign.com
   Telephone: +61 3 9999 2222
   Mobile: +61 444 222 333
   Karen.Green@Bluesign.com

2. Another mobile email signature example:

   [Image of another mobile email signature example]

   Karen Green | Graphic Designer
   Email: kgreen@bluesign.com
   Telephone: +61 3 9999 2222
   Mobile: +61 444 222 333
   Karen.Green@Bluesign.com
Skype?
HIPAA requires an “audit trail.” Skype doesn‘t provide audit trails – and isn’t obligated to ....
HIPAA requires “breach notification tools.” Skype doesn’t provide...
Telepsychiatry: The Perils of Using Skype

By Marlene M. Mahnu, PhD and Joseph Mcconnasim, MD, JD

First released in 2003, Skype offers free, worldwide video access to any patient with an internet connection, either by mobile device or desktop computer. What it does not offer, however, is a means of communication clearly suitable for clinical services—especially in mental health. According to estimates reported by groups such as the Institute for Healthcare Consumerism, telehealth is poised to grow by 55% in 2013 alone, and 6-fold by 2017.1,2 Wise or otherwise, some of this growth will likely occur via Skype. Thus, it is prudent to consider the issues.

The Health Insurance Portability and Accountability Act

Ordinarily, neither federal nor state law is designed to regulate specific proprietary entities such as Skype and its competitors. Video-chat platforms were developed for marketing to the general consumer, and not for health care. The Health Insurance Portability and Accountability Act (HIPAA) holds professionals responsible for conducting their own internal risk assessments regarding their chosen technologies. Before using any equipment, the professional should require documentation that explicitly promises “HIPAA compliance” or “HIPAA compatibility.” One could take further comfort in a designation of Federal Information Processing Standard (FIPS) certification, a standard that may meet and exceed HIPAA standards.3

HIPAA requires the use of equipment that allows for audit trails. According to the American Health Information Management Association, audit trails allow breaches to be traced.4 Like other proprietary platforms, Skype makes it impossible to conduct approved security audits via audit trails. Skype itself is not
FaceTime is HIPAA compliant and encrypted, could change the way physicians and patients communicate

Healthcare communications is rapidly changing – patients now routinely email their physicians, physicians connect with each-other via mobile-based professional networks, and more. The introduction of Apple’s FaceTime video chat sparked excitement and discussion in the healthcare community about its possible use in telemedicine. However, many were wary about associated patient privacy issues and HIPAA compliance.

It seems that this question has now been answered. According to Apple, calls made via FaceTime can be HIPAA-compliant with the appropriate security configuration. The news that this ubiquitous, free communications platform meets these rigorous standards has potentially wide implications for how patients, physicians, and others in healthcare communicate.

To be fair, its not quite as simple as just opening FaceTime and calling your patient. Specifically, the WPA2 Enterprise configuration provides an extra level of authentication when establishing a wireless connection. WEP does not provide the appropriate level of security, and WPA and WPA2 personal settings are questionable. FaceTime calls are fully encrypted as well.
Which Technologies to Use?

- No Guesswork Needed
Internet-based, VTC Companies Claiming HIPAA Compliance*

www.telehealth.org/video

* TMH Institute has partnered with some of these companies and will receive a referral fee if you mention TMHI. You may also get an added discount.
What makes you a “covered entity”?

- Engaging in “electronic covered transactions”
- Filing electronic insurance claims
HIPAA Policies

- Use HIPAA compliant technologies and develop written processes
  - Document policies
    - Security & privacy policies
      - Repairs
      - Staff training
      - Breach notification, etc.
HIPAA “Final Rule” January 17, 2013

- Business associates of covered entities are directly liable for compliance with HIPAA Privacy and Security Rules’ requirements. Includes contractors, subcontractors and business service companies working for health care providers, (e.g., companies providing electronic health records software, teleconferencing, data back-up and storage, billing, transcription and other IT services).

- Raises the maximum penalty for data breaches from a previous cap of $250,000 to a maximum penalty is $1.5 million per violation.
HIPAA “Final Rule”

- Infrastructure, documentation, and procedures for information privacy and security, and data encryption and disposal will have to be evaluated and brought into compliance.

- Companies need to provide formal security training to all employees, designate a security official and implement appropriate business associate contracts with their own subcontractors.
HIPAA “Final Rule”

- When HIPAA was first passed in 1996, most health care practitioners, hospitals and insurance companies scurried to bring themselves into compliance with the new standards. In the face of these final rules, business associates will have to engage in the same process.

- HHS is stepping up enforcement efforts.

- See Federal Register available online at http://federalregister.gov/a/2013-01073, and on FDsys.gov
HIPAA, Business Associates & HITECH

- All Business Associates in health care must sign an agreement stating their adherence to HIPAA standards
  - Transactions
  - Security
  - Privacy
- True for any service you hire
- It is now enforced by the HITECH ACT
If aware of a potential breach of protected health information:
- Conduct risk assessment
- Mitigate breaches
- Report them to affected clients, the federal government, and in some cases, the media
HITECH

Implement or update privacy and security policies and procedures:

- Need policies to be written (a paragraph is ok)
- Staff education
- Breach procedures
  - Consult your attorney
  - 500 or more records
    → notify media
HITECH

Update your Notice of Privacy Practices:

- OCR and the Office of the National Coordinator for Health Information Technology released a Model Notice of Privacy Practices, get it here:

  http://www.hhs.gov/ocr/privacy/hipaa/modelnotices.html
HITECH

NPP

- Make available to existing clients on request
- Post on your website
- Display in a prominent location in your professional premises
- Provide copy to all new clients
HITECH

- Many states have their own privacy laws, which can be more stringent than federal law HIPAA & HITECH.
- Consider obtaining a legal review of your HIPAA policies, procedures and other documents by your local attorney.
What are risks of sending unencrypted email?
Where can you get all the needed HIPAA forms?
Enforcement

The most common types of covered entities required to take corrective action:

- Private Practices
- General Hospitals
- Outpatient Facilities
- Health Plans (group health plans and health insurance issuers) and
- Pharmacies

http://www.hhs.gov/ocr/privacy/hipaa/enforcement/highlights/index.html
TICK TOCK... HEED THE HIPAA/HITECH CLOCK!

Anne Marie “Nancy” Wheeler, J.D.

Counselors should be aware that 2013 has brought important new changes to HIPAA and that September 23, 2013 is the compliance deadline for many of these new regulatory requirements. Any counselor who is not sure if she is considered a “covered entity” under HIPAA should immediately access the online decision-making tool available at the website of the Centers for Medicare and Medicaid Services. All counselors who are covered entities should move quickly to come into compliance or risk very stiff monetary penalties. Suggestions for compliance and resources for counselors are set forth below (the remainder of this article assumes the counselor is a covered entity).

Privacy, Security and Breach Notification

First, counselors must educate themselves and their workforce, if applicable, on “HITECH” and its breach notification provisions. Although this law was passed in 2009 and added substantial “teeth” to the enforcement and penalty provisions of HIPAA, many counselors and other mental health professionals are still not aware of their obligations under HITECH. If a counselor becomes aware of a potential breach of protected health information, that counselor is legally required to perform a risk assessment, and then mitigate breaches and report them to affected clients, the federal government, and in some cases, the media.

A “breach” is defined in the new 2013 rule as the improper “acquisition, access, use or disclosure of protected health information … which compromises the security or privacy of the protected health information.” Furthermore, the rule clarifies that there is a presumption of a breach under the above definition unless a risk assessment by a provider or business associate demonstrates a low probability that protected health information has been compromised. The final breach notification provision rule establish four factors to consider in analyzing and deciding whether to notify individuals:

1) the nature and extent of protected health information (PHI), including types of identifiers and likelihood of re-identification (e.g., improper acquisition or loss of social security numbers and sensitive clinical information likely would call for notice);
2) who the unauthorized person was who used or received PHI;
3) whether the PHI was actually acquired or viewed; and
4) the extent to which the risk has been mitigated.

For example, Counselor A is a HIPAA “covered entity” and uses his computer to create and store electronic counseling records. His office was burglarized and his laptop, which was left on his desk, was stolen. His laptop was not password-protected and his clinical files were not encrypted. The counselor also has some reason to suspect that the spouse of his client was the burglar, since he saw the spouse hanging around the parking lot the evening his laptop was stolen. The counselor is also aware that the couple in going through a contentious divorce. In doing a risk assessment, Counselor A would likely realize that this situation creates a
Legal Suggestions

- Counsel each other & document those conversations
- Communicate often to your local, state and national professional associations – let them know what you need
- Put information in writing
- Write to your malpractice carrier and describe your proposed service before investing too much time or $$
- Check with an informed, local attorney who specializes in telehealth to verify that all aspects of your telepractice are in compliance with state law
Specific Informed Consent Processes and Documentation
A.12.a. Benefits and Limitations

- Counselors inform clients of the benefits and limitations of using information technology applications in the counseling process and in business/billing procedures.

- Such technologies include, but are not limited to, computer hardware and software, telephones, the World Wide Web, the Internet, online assessment instruments and other communication devices.
A.12.g. Technology and Informed Consent

As part of the process of establishing informed consent, counselors do the following:

1. Address issues related to the difficulty of maintaining the confidentiality of electronically transmitted communications.

2. Inform clients of all colleagues, supervisors, and employees, such as Informational Technology (IT) administrators, who might have authorized or unauthorized access to electronic transmissions.
Verify with a Local Telehealth Attorney

- Use next suggestions, but I am not an attorney.
- Develop your document and verify with your own informed, local attorney.
- Be aware that many association attorneys may not be yet adequately well-versed in telehealth issues.
- A good expert should cost you from $500 - $800 to review your agreement.
Informed Consent

- Represents a “meeting of the minds”
  - Information is influenced by many factors, including
    - Client/Patient’s capacity for absorbing information
    - Time limits
    - Clinician’s schedule
      - Subject matter is often complex and technical
      - Clinician thinks she is speaking English
      - Client/Patient may be under stress (or may assert so later)
      - Mental illness
- Document only serves as important evidence
Informed Consent: Function of State Law

- Specific statutes govern informed consent in telehealth
- Who’s state law controls?
- Solution: assume that the law of the client/patient residence will most likely be applied
- More conservative approach is to determine the law in both your and your client/patient’s state and follow the mandates of the more stringent law
State Laws and Reimbursement Policies

The Center for Connected Health Policy helps you stay informed about telehealth-related laws, regulations, and Medicaid programs. We cover current and pending rules and regulations for the U.S. and all fifty states.

- All Current Laws and Policies
- All Pending Legislation and Regulations
- Full Report

Law and Policies by State:
Searched for “consent.”
Interjurisdictional Licensure Issues
ABOUT THE INFORMATION IN THIS REPORT

The information in this report was compiled through a survey of state counselor licensure boards conducted in fall of 2009. State-by-state analysis of laws and administrative rules was also conducted to add to the survey data, especially for the two jurisdictions—Georgia and Puerto Rico—that did not submit information in response to our request.

Every effort has been made to ensure the accuracy of the information presented here, but, due to the complexity of laws and regulations, and the frequency with which state regulations can and do change, we cannot guarantee that this report is completely without error.

Readers are encouraged to bring any errors, omissions, or changes to our attention. For any questions or corrections regarding this chart, please contact:

American Counseling Association
Ethics and Professional Standards
5999 Stevenson Avenue
Alexandria, VA 22304
Web site: www.counseling.org
U.S. toll-free: 800/347-6647, x314 / DC area: 703/823-9800, x314
Fax: 703/823-3760
E-mail: ethics@counseling.org

For additional information, or clarification or interpretation of any of the laws and regulations summarized in this report, please contact the appropriate state licensing board.

Written and edited by Christie Lum, ACA Office of Public Policy & Legislation.

Howard B. Smith, Ed.D, NCC, CCMHC, LPC (License #1920 Louisiana) reviewed and revised Appendix D: Accreditation, Certification and Licensure Defined and Confidentiality/Privileged Communication.

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### Licensure Requirements for Professional Counselors – 2010

<table>
<thead>
<tr>
<th>State</th>
<th>Credential Title(s)</th>
<th>Educational Requirements</th>
<th>Experiential Requirements</th>
<th>Exam Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALABAMA</td>
<td>Licensed Professional Counselor (LPC)</td>
<td>A person licensed to render professional counseling services in private practice for a fee.</td>
<td>3,000 hours of supervised experience in professional counseling with board approved supervision.</td>
<td>NCE</td>
</tr>
<tr>
<td></td>
<td>Associate Licensed Counselor (ALC)</td>
<td>A person licensed to render professional counseling services in private practice for a fee while under board approved supervision.</td>
<td>An applicant may subtract 1,000 hours of the required professional experience for every 15 graduate semester hours (or 22.5 quarter hours) obtained beyond the master’s degree from a regionally accredited academic institution, provided that the coursework is clearly related to the field of professional counseling. This formula may be used for up to 2,000 hours.</td>
<td></td>
</tr>
</tbody>
</table>

AL Board of Examiners in Counseling
950 22nd Street North, Suite 765
Birmingham, AL 35203
800/822-3307
205/458-8716
205/458-8718 (fax)
[www.abec.alabama.gov](http://www.abec.alabama.gov)

Application packet (if mailed): $25
Application fee: $200
LPC License fee: $300
ALC License fee: $150
Inter-jurisdictional Practice

Licensing Boards that may assert jurisdiction:
- The one in the professional’s state(s) of licensure
- The one in the client/client’s state of location at time of call
- Both

Safest Practice:
- Provide services only where licensed
- Require client to attest to his or her location on every call
Other Legal & Ethical Issues for Distance Counseling
Duty to Report / Duty to Warn

- (v) Failing to comply with the child abuse reporting requirements of Section 11166 of the Penal Code.
- (w) Failing to comply with the elder and adult dependent abuse reporting requirements of Section 15630 of the Welfare and Institutions Code. CA Business and Professions Code Sections 4989.54 (cont.)
Firearms

- Is there access to firearms in home-based care?
- Discuss firearm ownership, safety, and the culture of firearms
- Be prepared to negotiate firearm disposition with patients and consider involvement of family members when appropriate
- Use of trigger safety lock devices is an option
Intake Summary

- Explain & sign informed consent document
- Conduct a formal intake – no shortcuts
  - Meet in-person or video, identify geographic location, organizational culture, take full history, medications and medical conditions, mental status and stability, use of substances stressors, treatment history, support system, use of other technology, suicide/homicide intent
  - Identify psychological diagnosis
  - Decide if, then which technology is appropriate / Assess technical competence / ability to arrange appropriate setting
  - Obtain names of all other key providers, get appropriate releases
  - Verify contact information (address, phone, email)
  - Have emergency plan in writing
Mention Other Safety Issues

- Have an addendum to your informed consent document
  - Include social media policy statements* that fit your client population, such as:
    - I will not “friend” you on Facebook or other social media sites
    - I will not respond to you on sites such as Yelp

* Obtain full legal review with a local telehealth attorney prior to using any TMHI sample wording with clients either verbally or in your informed consent document.
Advancements in technology such as the convergence of functionality in electronic devices have resulted in a lived experience where connection and interaction through social media is immediate, pervasive and deeply influential.
The proliferation of online sites like Facebook and Twitter has led us to rethink interpersonal connection. Their reach is evident everywhere and impacts all areas of our lives.
A digitally embedded social network is here and is having a profound influence on our relationships, whether we want it to or not.
What’s the Difference?
Important Considerations

- What is your position on technology and social media?
- How does social media impact our professional online presence?
- What does the American Counseling Association Code of Ethics have to say regarding social media?
- In what ways do you leverage social media professionally?
- What are some beneficial ways social media can be incorporated into practice?
- What needs to be included in informed consent disclosures?
IDENTITY
2014 ACA Code of Ethics
As approved by the ACA Governing Council
Community
References

OCPM: Online Clinical Practice Management

Step 1: Training
Step 2: Referrals
Step 3: Patient Education
Step 4: Legalities
**Step 5: Assessment**
Step 6: Direct Care
Step 7: Reimbursement
psychological tests

Online Psychological Tests, Free Online Psychological Tests
Online psychological tests center with numerous free psychological tests. Online psychological tests include depression test, tests for bipolar disorder, ...
www.healthypress.com/psychological-tests/ - Cached - Similar

Psych Central - Psychological Tests and Quizzes
Test your depression, mania, and attention deficit feelings, today and track it over time with our instant quizzes.
psychcentral.com/quizzes/ - Cached - Similar

American Psychological Association (APA)
The American Psychological Association (APA) is a scientific and professional organization ...
www.apa.org/ - Cached - Similar

Psychological Testing | Psychological Assessment
A description of the types of Psychological Tests, the justification for their uses, and client rights.
www.guidetopsychology.com/testing.htm - Cached - Similar

Psychological testing - Wikipedia, the free encyclopedia
Psychological testing is a field characterized by the use of samples of behavior in order to assess psychological construct(s), such as cognitive and ...
en.wikipedia.org/wiki/Psychological_testing - Cached - Similar

Queendom.com: Tests, Tests, Tests and more Tests, The biggest ...
Personality tests. Our wide range of personality assessments will facilitate the exploration of your psychological landscape and perhaps even unearth a few ...
www.queendom.com/tests/ - Cached - Similar

Test Yourself | Psychology Today
If you purchased one of our Psych Tests and were interrupted you can resume your session at any time. Use the transaction number which was provided via ...
www.psychologytoday.com/tests - Cached - Similar

Home - Psychtests.com: Psychological Testing for Human Resources
Online psychological tests, assessments and data management system for human resource departments, employee screening and training, counseling or therapy, ...
www.psychtests.com/ - Cached - Similar

Quincy's Online Psychological and Personality Tests
Free online Psychological, Personality, and Psychology tests and quizzes / quizzes.
Article 37

Multiple Assessment Methods and Sources in Counseling: Ethical Considerations

Monica Leppena and Karyn Dayle Jones

Leppena, Monica, is an Assistant Professor at West Virginia University. She is a Florida Licensed Mental Health Counselor (LMHC) and has been in the counseling field over 12 years. Her research interests include mental health counseling, school counseling, and student development.

Jones, K. Dayle, is an Associate Professor at University of Central Florida. She is the Director of the Mental Health Counseling Program at UCF, is a Florida Licensed Mental Health Counselor (LMHC), and has been in the counseling field for 22 years. She has published two textbooks: Introduction to the Profession of Counseling (Nugent & Jones, 2005) and Assessment Procedures for Counselors and Helping Professionals (Drummond & Jones, 2010).

Abstract

Assessment is a fundamental component both of the counseling process and ethical client care. Although the assessment research literature promotes the use of multiple data collection methods and sources, current professional standards in the counseling field focus primarily on standardized instruments, with little attention given to qualitative assessment methods or the use of multiple methods and sources. This article provides an overview of assessment using multiple data collection methods and sources, a review of current ethical codes related to assessment, and implications and recommendations for counselors regarding the importance of using multiple method, multiple source assessment. Keywords: assessment, multiple methods, counselor professional, ethics

Assessment has long been regarded as a fundamental component of all helping professions and the cornerstone of the counseling process. Simply put, assessment is the process of gathering information about a client. Through assessment, counselors are able to ascertain important information about clients, such as the nature of their problem; the magnitude and impact of the problem; the interplay between family, relationships, and past experiences with respect to the problem; the client’s strengths and readiness for counseling; and whether counseling can be beneficial to the client (Drummond & Jones, 2010). Assessment is also critical for establishing counseling goals and objectives and for determining the most effective interventions.

Assessment can be defined as the systematic process of gathering information about an individual in order to make decisions or inferences about that person (American Educational Research Association [AERA], American Psychological Association [APA], National Council on Measurement in Education [NCME], 1999; Haynes & O’Brien,
APA Ethics Standard 9: Assessment

- 9.02 Use of Assessments - research based, valid, reliable “for populations tested”
- 9.03 Informed Consent in Assessments
- 9.05 Test Construction – use proper procedures
- 9.06 Interpreting Assessment Results
- 9.07 Assessment by Unqualified Persons
- 9.09 Test Scoring and Interpretation Services
- 9.10 Explaining Assessment Results
- 9.11 Maintaining Test Security
OCPM: Online Clinical Practice Management

Step 1: Training
Step 2: Referrals
Step 3: Patient Education
Step 4: Legalities
Step 5: Assessment
Step 6: Direct Care
Step 7: Reimbursement
What are the types of problems that clients / patients have reported when working with clinicians using videoconferencing?
Clinicians have been reported:
- Eating
- Taking personal cell phone calls from family
- Burping without excusing themselves
- Picking teeth
- Combing hair
- Rocking incessantly in their seats
- Putting feet on the desk
- Taking a shirt off
- Mindlessly tapping the desk with objects
- Being half way off the screen
Ethical Dilemma #3

What should you do when someone enters a client’s room during your session?

Ethical Dilemma #4

What should I do when someone enters a client's room during a call?
If someone enters the client/patient room:

- What would you do in your brick-and-mortar practice?
  - Stop the session / resume control of the interaction
  - Ask the client/patient to speak privately with you
    - Obtain permission to continue
    - Ask for an agenda
    - Reschedule for another day/time
Ethical Dilemma #4

What should you do when someone enters your room during your session?

What should I do when someone enters as client's room during a call?
If someone enters your room:

- What would you do in your brick-and-mortar practice?
  - Stop the session / resume control of the interaction
  - Excuse yourself if it is an emergency and step out of the room
  - Reschedule for another day/time
Why use initial protocols when videoconferencing?
TMHI Clinical Competence
Client Selection

- Study the evidence base (research)
- People with almost all diagnostic symptoms have been documented as successfully treated with traditional telehealth
- Clients experiencing severe anxiety, flagrantly psychotic symptoms or suicide/homicide intent may not be optimal choices while symptom patterns are exacerbated
TMHI Clinical Competence
Client Selection

- Most of the studies mentioned above include the assistance of a local collaborator
- Treatment to the home has not yet identified full range of risk
- Understand differences when delivering care to clients in different settings (hospital vs. car, park, bed etc.)
- Establish procedures to minimize attendance & compliance issues
Preventing & Handling Emergencies

Have a plan.

- Discuss carefully
- Write plan in your informed consent document
- Develop prior relationships with local community:
  - Physician
  - Family
  - School personnel
  - Other leaders (AA, religious?)
  - Emergency response team
  - Know community resources (hospitals, drug/alcohol treatment facilities, etc.)
  - Know your local collaborators

Know who and when to call for local assistance.

- Inform client of when you will contact local leaders, what you will tell them.
- Cover your termination procedure (i.e., “I will make 2 telephone calls, leave you 2 messages, send you a letter in surface mail with a copy to your physician.”)
Privacy, Confidentiality, Diversity

- **Privacy & Confidentiality**
  - Understand your technology (email, texting, video) and its clinical repercussions related to privacy and technology

- **Diversity**
  - Multi-cultural, multi-lingual, religious, LGBT, and other issues
Service to the “Home”

- Scientific evidence base for contact to the home is much thinner, less reliable than traditional telehealth
- Risk management is a serious concern
- Likelihood of lurkers, intruders or interruptions is increased
- Develop signs, code words or phrases to signal something is amiss
What are the types of problems that clients / patients have reported when working with clinicians using videoconferencing?
Clinicians have been reported:

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- Taking personal cell phone calls from family
- Burping without excusing themselves
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OCPM: Online Clinical Practice Management

Step 1: Training
Step 2: Referrals
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Step 4: Legalities
Step 5: Assessment
Step 6: Direct Care
Step 7: Reimbursement
Where to Get Reimbursement for Telemental Health?

<table>
<thead>
<tr>
<th>Contractual &amp; Grants</th>
<th>Direct Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>US Department of Education</td>
<td>Medicare</td>
</tr>
<tr>
<td>Department of Corrections</td>
<td>Medicaid (based on state)</td>
</tr>
<tr>
<td>Department of Defense</td>
<td>Veteran Health Administration</td>
</tr>
<tr>
<td>NIH, NIMH, SBIR, State Programs</td>
<td>Bureau of Prisons in Department of Justice</td>
</tr>
<tr>
<td>Private Foundations</td>
<td></td>
</tr>
</tbody>
</table>
### Where to Get Reimbursement for Telemental Health?

<table>
<thead>
<tr>
<th>Private Pay / Fee for Service</th>
<th>Private Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td>26 states now mandate payment of some sort</td>
</tr>
<tr>
<td>Niche (smoking, drug/alcohol etc.)</td>
<td>CPT code approval</td>
</tr>
<tr>
<td>Boutique (high-end services, rich &amp; famous)</td>
<td></td>
</tr>
<tr>
<td>Self-help</td>
<td></td>
</tr>
<tr>
<td>“Apps”</td>
<td></td>
</tr>
</tbody>
</table>
Reimbursement Rules

Payers will not reimburse if:

- You are not “credentialed”
- You are breaking laws
  - using illegal equipment
  - practicing over state lines without a license AKA “unlicensed interjurisdictional practice”
State Laws and Reimbursement Policies

The Center for Connected Health Policy helps you stay informed about telehealth-related laws, regulations, and Medicaid programs. We cover current and pending rules and regulations for the U.S. and all fifty states.

- All Current Laws and Policies
- All Pending Legislation and Regulations
- Full Report "State Telehealth Laws and Reimbursement Policies"

Calendar

The Independent Physician Association of Americas Annual Meeting

March 19-20, 2015
San Antonio, TX

CCHP's Executive Director, Martin Guiterrez will be speaking at the Independent Physician Association of Americas (IPAA) 20th Annual Meeting on March 19-20, 2015. Martin's session titled, "Telehealth, Telehealth, Telehealth: What is it and Why We Should Care" will begin at 3:45 pm on day 2 of the conference.

Georgia Partnership for
Private payers “may pay” for telehealth via live video…
TMH Reimbursement News

TMHI News –

- Free “Telehealth Reimbursement Guide 2015” when you register for newsletter
  http://telehealth.org/sign-up/
Center for Medicare and Medicaid Services (CMS) Approves New Telemental Health CPT Codes

By: Marlene M. Makuc, Ph.D.

Each year, the Center for Medicare and Medicaid Services (CMS) adds new procedural codes for telemental health insurance billing and reimbursement. Changes in these procedural codes for 2015 were just released, and several new changes have benefited the behavioral and mental health arenas. (See this page for more information about Current Procedural Terminology (CPT) code sets.)

Services that Get Paid

With telemental health-CPT codes, services are still being reimbursed only for Health Provider Shortage Areas (HPSAs). Health Resources and Services Administration has developed a website tool to provide assistance to potential originating sites to determine their geographic status. To access this tool, see the CMS website. Several other conditions must be met in order for Medicare payments to be made for telemental health services. Specifically, the service must be on the list of Medicare telemental health services and meet all of the following additional requirements for coverage:

- The service must be furnished via an interactive telecommunications system.
- The practitioner furnishing the service must meet the telemental health requirements, as well as the usual Medicare requirements.
- The service must be furnished to an eligible telemental individual.
- The individual receiving the services must be in an eligible originating site. When all of these conditions are met, Medicare pays an originating site due to the originating site and provides separate payment to the distant site practitioner furnishing the service.

Procedures Currently Reimbursable for Telemental Health

- Individual psychiatric interview
- Individual psychotherapy
- Individual & group health & behavior assessment & intervention
- Neurobehavioral status examination
- Pharmacologic management
- Reundiagnosis
- Alcohol and/or substance (other than tobacco) abuse structured assessment (for example, AUDIT, DAST) and brief intervention, 15 to 30 minutes and intervenive greater than 30 minutes, respectively.
- Annual alcohol misuse screening, 15 minutes
- Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes
- Annual depression screening, 15 minutes
- High-intensity behavioral counseling to prevent sexually transmitted infections, face-to-face, individual, includes: education, skills training, and guidance on how to change sexual behavior, performed annually, 30 minutes
- Annual, intense behavioral therapy for cardiovascular disease, individual, 15 minutes
- Face-to-face behavioral counseling for obesity, 15 minutes

Telemental Health Procedure Additions for 2015

Starting January 1, 2015, these additional procedures are approved for reimbursement: http://telehealth.org/blog/cpt/
Credentialing

- Needed for payment by Medicare, Medicaid and 3rd party carriers
  - Similar to being credentialed when we sign onto managed care companies
- The credentialing body examines and documents:
  - Licensure
  - Malpractice coverage
  - History
  - Specialty areas / required training
  - Other areas as needed
Which 3rd party insurers are paying, and where?
3rd Party Carriers

- Largest barrier is practitioner reluctance
- Most large groups are paying
- State-dependent
- No consistent data (Study by ATA just now in publication for sample across disciplines → inconsistent patterns)
- Difficult to make predictions
Are rates for telemental health different from in-person care?
Rates

- **Traditional telehealth:**
  - About the same as in-person care
  - Likely to go down over time

- **Private Pay**
  - Whatever the market will bear
Which CPT codes need to be used?
CPT Codes

- Medicare, Medicaid, and 3rd Party Payers
  - Differ by Payer
  - Contact your payers and ask them to send you their list of CPT codes for telemental health
  - Get your information in writing
CPT Codes for TMH

- Individual psychiatric interview
- Individual psychotherapy
- Individual & group health & behavior assessment & intervention
- Neurobehavioral status examination
- Pharmacologic management
- Smoking cessation
Center for Medicare and Medicaid Services (CMS) Approves New Telemental Health CPT Codes

By: Marlene M. Melzer, Ph.D.

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- The individual receiving the services must be in an eligible originating site. Where all of these conditions are met, Medicare pays an originating site fee to the originating site and provides separate payment to the distant site practitioner furnishing the service.

Procedures Currently Reimbursable for Telemental Health

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- Pharmacologic management
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- Annual, intensive behavioral therapy for cardiovascular disease, individual, 15 minutes
- Face-to-face behavioral counseling for obesity, 15 minutes

Telemental Health Procedure Additions for 2015

Starting January 1, 2015, these additional procedures are approved for reimbursement:

http://telehealth.org/blog/cpt/
Smoking Cessation and CPT codes

- CPT code 99406 (Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes)

- CPT code 99407 (Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes)

- HCPCS code G0436 (Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than 3 minutes, up to 10 minutes)

- HCPCS code G0437 (Smoking and tobacco cessation counseling visit for the asymptomatic patient; intensive, greater than 10 minutes)

Why not just hire a billing person to do this kind of billing?
How to Think about “Telehealth” Billing Agents

What not to do?
- Trust all billing agents

What to do?
- Ask billing agent for supporting documentation
- Read carrier’s documentation
- Call carrier
- Look online
What are the modified codes to use for CPT billing
Paths to Reimbursement

Major Insurance Companies
- Pays in Most Rural Areas/HPSA
- Pays on 9 codes with a GT modifier
- More and more states are mandate states
- Some companies accept “store-and-forward” with GQ modifier

- Medicare
  - Pays in Rural Areas/HPSA
  - Pays on G codes
  - Does not yet cover counselors

- Medicaid
  - State Driven
Identify at least 3 CPT codes that have been approved for behavioral telehealth reimbursement by the US federal government.
36 States Introduce 100 Telemedicine Related Bills

February 25, 2015

It’s only February, but telehealth is clearly a priority to state lawmakers. One hundred telemedicine-related bills have been introduced to define telehealth and telemedicine, redefine licensed provider practice standards, remove artificial barriers or improve coverage and payment options. Some bills seek to improve the telemedicine policy landscape while others risk to severely limit health providers’ clinical decision making and patient choice. ATA members are monitoring state activity using the ATA legislative and regulatory trackers, and seizing the opportunity to educate lawmakers about the clinical application of telemedicine and the unintended consequences of over regulation.

ATA members are encouraged to join the monthly State Policy webinar this Thursday, Feb. 26, at 1 p.m. EST, to hear about legislative proposals and possibilities for engagement. ATA’s policy team will be joined by ATA Member Geoffrey Boyce who will highlight New Jersey telemedicine legislation. Pre-registration is required.

Members >> Click here to monitor your state bills. Register for the February State Policy webinar here.
CPT Codes for Telemental Health Services

- Go to www.telehealth.org/ACA
- Download charts we’ve made available for you
Are online fees the same as in-person fees?
Can you be reimbursed for telephone-based treatment?
Which 3rd party insurers are paying?
Is telephone work reimbursable under new telemental health opportunities?
Telephones and Telehealth

State laws differ regarding the inclusion of telephones in telehealth definitions and statutes.

- Contact the insurer directly to ask how to bill for telephone service
- Go to state government websites to find definitions of telehealth in the state of service.
SEARCH: Are telephones included in California’s definition of telehealth?

http://www.leginfo.ca.gov/pub/11-12/bill/asm/ab_0401-0450/ab_415_bill_20111007_chaptered.html
Over 75% of Mayo Clinic telephone survey respondents stated they’d be interested in being seen online for healthcare (September, 2014)
The views expressed in this presentation are those of the presenter and do not necessarily reflect the position or policy of the Department of Veterans Affairs or the United States government.
Resume

- 2006-2009: Community MH agency; variety of settings: outpatient, jail, schools, crisis line;
  - Accepted a grant funded position; first of its kind;
- 2009 accepted position as Addiction Therapist at the Dayton VAMC in Ohio;
- 2010 did my first telemental health (TMH) session with colleague; the first encounter for our facility; selected as TMH Champion;
- 2014: Promoted to MH Program Specialist
  - Responsible for MH Initiatives, to include TMH Program;
Telemental Health in the VA

- Began over 50 years ago
- Approximately 1,500,000 TMH encounters documented since 2002
- Is used to treat nearly every DSM 5 diagnosis
- Is employed to deliver nearly every treatment modality
- Is delivered by clinicians from multiple mental health professions
- Takes place at multiple sites of care
  - Non-VA sites
  - Patient home
- JCAHO and CARF: recently added technology to their surveys
Telemental Health in the VA

- **CVT to Home** uses real-time videoconferencing technology that links a VA MH practitioner with a veteran to provide diagnosis and treatment in their home.
  - Increases access and convenience
  - No stigma

- **Mobile Health Provider Program:**
  - designed to equip VA health care providers with mobile technology to enhance the way they deliver health care to veterans.
Telemental Health in the VA

- **Mobile Apps**: ACT, CBT-I Coach, CPT Coach, Mindfulness Coach, Moving Forward, PE Coach, PTSD Coach, Stay Quit Coach, Caring4WomenVeterans, Parenting2Go
  - Educational Component
  - Symptom Management
  - Self Assessment
  - Find Support

- **National Telemental Health Center**: provides consultation from panels of designated expert clinicians:
  - **TELE-BIPOLAR**: Consultants from VA Boston, Harvard
  - **TELE-SCHIZOPHRENIA**: Consultants from VA Connecticut, Yale
  - **TELE-BEHAVIORAL PAIN**: Consultants from VA Connecticut, Yale
  - **TELE-NON-EPILEPTIC SEIZURES**: Consultants from VA Providence, Brown
  - **TELE-INSOMNIA**: Consultants from Philadelphia, PA, and Univ. of Pennsylvania
  - **TELE-ADDICTIONS**: Consultants from VA Connecticut, Yale
How to Get Started...

- Counselor positions currently posted on USAJOBS: _____
- Demonstrated Knowledge, Skills, Abilities:
  - Basic skill in the use of computer software applications for drafting documents, data management, maintaining accurate, timely and thorough clinical documentation and delivery of services, such as Telehealth.
- Learn about telemental health;
- Overcome fear of technology;
  - We’re trained face to face;
  - Meeting the patient at point of care;
- Volunteer: Give an Hour;
How to Get Started...

• Take courses on military/veteran culture;
• Military dictionary;
• Learn about special issues: moral injury, TBI, PTSD; women veterans;
• Take an interest in technology and serving vets/military at own agency or practice;
  ➢ If not currently offered; explore; ask your leadership;
American Counseling Association

ACA:

- Webinars and podcasts
- Division
  - Military and Government Counseling Association (MGCA) formerly ACEG
- Interest Networks
  - Veterans Interest Network (VIN)
  - Counseling and Technology Interest Network (CTIN)
Resources

**USAJOBS:**
https://www.usajobs.gov/
USAJOBS the Federal Government’s official source for federal job listings and employment information.

**Department of Veterans Affairs:**
http://www.mentalhealth.va.gov/communityproviders/military_culture.asp#sthash.G2FCUi2P.dpbs
Understanding the Military Experience
http://www.va.gov/vetsinworkplace/mil_culture.asp
Veterans Employment Toolkit

**National Center for PTSD:**
http://www ptsd.va.gov/professional/continuing_ed/military_culture.asp
Understanding military culture when treating PTSD
http://www ptsd.va.gov/professional/treatment/overview/ptsd-telemental.asp
PTSD and Telemental Health
Resources

Center for Deployment Psychology:
http://deploymentpsych.org/online-courses/military-culture

Department of Defense:

Dictionary of Military and Associated Terms

National Child Traumatic Stress Network:

Military and Veteran Culture

Journal Articles:


Levels of Security

Advocacy
Counselor Advocacy (Part I)

- Name your State Representative
- Name your State Senator
- Who is your US Representative?
- Name one of your US Senator/s?
- Name 4 Professional Organizations that represent counselors.
- Where can you find information about public policy on the ACA web site?
Counselor Advocacy (Part II)

- Representatives form the ACA public policy staff will be at the exhibit hall. Where can you find them?
- What is AASCB?
- Name one member of your state licensing board.
- What is the purpose of your state licensing board?
- Where can you find the Laws/Rules from your state licensing board?
- If you want something to change (for example practicing across state boarders) how/who would you contact to start the process?
Research-based Models
• Where might you earn a legitimate income?
① Nursing Homes
2. Employee Assistance Programs (EAPs)
3. Rural Hospitals
Schools
⑤ Specialty Schools, Residential Treatment, Hospitals
TMH Model
“Commonalities”

- Companies do client/patient recruiting for you
- Physician or nurse is on site / or employer has records
- Patient is delivered to your desktop
- Companies choose a technology vendor and maintain that relationship / paperwork
- Companies help you with credentialing
- Companies pay you
- Evidence-based treatment protocols
6 Migration Model
Migration Model Strategy

- Choose current clients/patients who are reliable, have good support systems and with whom you have a good working relationship
- Consider diagnosis
- Prepare them well in advance
- Plan in-person sessions at regular intervals
- Use the same procedures as in-person
7 Private Companies Serving Consumers Online*

- Register for employment with these companies here:
  
  WWW.PROVIDERPANEL.COM
List at least three things to ask a potential employer before signing up as a distance counselor with an online counseling service.
Text Messaging for Counseling, Therapy & Crisis Intervention?

By Marlene M. Mahon, Ph.D.

Over the last six months, we’ve seen a variety of new text messaging therapy sites that promise to bring the convenience of no-consumption, 24/7 “therapy” to the consumer pocket. Type your problem, get an answer — and move on. What could be better?

BetterHelp

In October, The New York Times did an expose of All-You-Can-Text Therapy Services, wherein a service called BetterHelp connects licensed mental health professionals to consumers after completion of a simple questionnaire and a $40 credit-card swipe. With a tag line of “You Deserve to Be Happy,” the service touts its advantages by stating, “Online Counseling is effective, affordable, and discreet.” In his description of the site’s service, the NYT journalist states,

“My BetterHelp therapist asked the same kind of questions as the traditional therapist I worked with in the past. (What is it about your future that you’re unsure of? Can you tell me about your old life and what is different now?) Because of the continuing, open-ended nature of the text chat, however, she helped me identify anxiety triggers and coping mechanisms much faster than it would have taken had we met only once a week. What’s more, I came to find that launching the BetterHelp site on my smartphone or laptop and writing out my thoughts became therapeutic in itself.

Talkspace

The same article described Talkspace, which offers unlimited text-chat with a licensed therapist, “but it costs just $29 a week and gets you up and running faster.” What was the author’s experience? Here’s a glimpse:

My Talkspace therapist wrote long, thoughtful responses to my musings, pulling apart the elements and dissecting them as only a true professional therapist can do. We asked me to expand on and reflect on my entries, always checking if I felt that we were making progress, and assuring me that what we were doing had a positive end in sight. The process was identical to what I had experienced in traditional therapy, except I had access to it any time I wanted!

The article went on to describe yet more services available at Talkspace. “The site allows you to change therapists (currently 90 are registered with the site) at any point. Should you want to go with a more traditional talk-therapy route, you can sign up for a 30-minute face-to-face session, which costs $29.” In November, CNN Money also commented on Talkspace in an article called, Does text therapy actually work? The NCC journalist seemed to be impressed with the efficacy of text-therapy, evidenced by this statement:

“I was surprised by how much she was able to read between the lines, as she encouraged me to expand on certain themes or return to something I’d mentioned before. Despite not having much background on me, simple questions in response to my dating dilemmas (“Why aren’t you allowing yourself any more options?”) caused me to reflect on my own relationship history, and why I was viewing my current situation through a black-and-white lens.

The CNN article drew on the expertise of Dr. George Nitsburg, a psychologist who has worked with Columbia University, to conclude that online therapy solutions like TalkSpace (which raised $2.5 million in
Online Employer Questions

- Who on your team has clinical expertise?
  - What are their credentials in distance counseling or telemental health?
  - Do you have any clinical research supporting what you do?
- Who bills insurance for services through your system? How?
- How do I do informed consent on your system?
- How do I know where someone is geographically when they contact me? Do I have to ask them?
- Do you offer “audit trails” and “breach notification tools”?
  - Will you give me a Business Associate’s Agreement (BAA) for the technology you are offering to me?
- How else do you protect me as a clinician?
- What type of agreement do you ask consumers to sign before they connect with me, if any?
Four other models of note to practitioners for jobs that have built-in risk management
Home Health
⑨ Correctional Facilities
Military & Veteran’s Administration
11. College Counseling Center
12. Rehabilitation counselor in a variety of state-funded settings, such as hospitals, substance use settings, transitional homes, agencies...
Resources
Free Job Service

- Managed by TMHI
- Detailed application for employers to find you
- We will contact you

http://providerpanel.com
Get Expert Advice

- Consultation from topic experts in telehealth
- Professional Training
- Also seek the aid of an experienced billing professional and/or accountant if you have any financial questions
TMH Reimbursement Resources

- American Counseling Association
- American Telemedicine Association
  www.americantelemed.org
- Center for Connected Health Policy
  www.cchpca.org
- Local Telehealth Resource Center
  www.telehealthresourcecenter.org/
Licensure and Scope of Practice

Table of contents

- What is licensure?
- What is scope of practice?
- How do you determine if a physician patient relationship has been created when practicing telemedicine?
- What are State licensure requirements?
- What are the exceptions to State licensure requirements?
- What are physician-to-physician consultations?
- What is the licensure exception for educational purposes?
- What is the licensure exception for intern/resident training?
- What is the licensure exception regarding Border States?
- What is the licensure exception for U.S. Military/Veterans Administration/Public Health Service Officers practicing in Federal settings?
- What are the licensure exceptions for medical emergencies (Good Samaritan) or natural disasters?
- Is State authority to regulate health care absolute?
- Is there an authority for Federal Licensing of health professionals?
- What about Regional/Multi-State authorities?
- Is there a national standard?
- What are some alternative models to reduce the licensure barriers to telehealth?
- References
Telehealth is the use of digital technologies to deliver health services by connecting multiple users in separate locations.

Learn More »

TELEHEALTH SPOTLIGHT

CCHP Awarded $253,540 for Telehealth Study

The Blue Shield of California Foundation (BSCF) awarded the Center for Connected Health Policy (CCHP) a $253,540 grant to examine telehealth's capacity to improve health care delivery, quality and efficiency over an eighteen month period. Partnering with select California-based federally-qualified health centers (FQHCs), CCHP will assess telehealth cost data before, during and after the project.

Read the full press release here.

AT THE CENTER

Telehealth Experts Join Forces for Training Module Series

The National Telehealth Policy Resource Center and South Central Telehealth Resource Center - known for their exceptional training and educational resources - are collaborating on a series of comprehensive telehealth policy training modules beginning in early 2014.

Read the full press release here.

IHEALTHBEAT

12.17.13
New York State Creates Online Database of Hospital Charges »

12.17.13
Firms Tap Data Mining Tools To Aid Clinical Trial Recruitment Process »

12.17.13
ONC Releases Findings From Patient Data Matching Study »

12.17.13
Report: Global Telehealth Market To Grow by 18.5% Through 2018 »
Senate Committee Approves Telehealth Provisions:

The Senate Finance Committee approved important telehealth legislation during the Committee’s consideration of the Sustainable Growth Rate (SGR) repeal and replace bill, the SGR and Medicare Beneficiary Access Improvement Act. Senator John Thune (R-SD) offered two amendments during Finance Committee consideration of the bill. The first amendment, accepted by the Committee is the Fostering Independence Through Telemedicine Act (FITT) ...

READ MORE
Distance Counseling Resources

- American Counseling Association’s Counseling Technology Interest Network

Join through ACA Connect at:
  - [www.counseling.org](http://www.counseling.org)

- Association for State Counseling Boards [www.aascb.org](http://www.aascb.org)

- National Board of for Certified Counselors [www.nbcc.org](http://www.nbcc.org)

- TeleMental Health Institute, Inc. [www.telehealth.org/dcc](http://www.telehealth.org/dcc)
Register for the Telemental Health News

Register Now for Your Weekly Copy of the Telemental Health News

Not only will you receive news about the week’s most important developments, but you’ll also...

- Receive our analysis of current events and links to other key telemental health (telepsychiatry, telepsychology, distance counseling, and online therapy) resources.
- Receive news about our courses and special discounts for TMHI Institute training and consulting services.

To make it even better, you will also...

- Receive your own FREE copy of the Telediagnosis Reimbursement Handbook, which contains codes of reimbursement. It contains partial information about who can be reimbursed for telehealth services, and which services and procedure codes (CPTs) are reimbursable. (TIP: codes have not yet been updated in this document for 2015, but the Handbook will tell you information that will help you with billing immediately thereafter.)

We will protect your privacy and never share your address with anyone.

Join us today!

http://telehealth.org/sign-up/
To Keep Up To Date

➢ TMHI faculty blog about these issues from a mental health perspective as the news breaks

➢ Options:
  ➢ Visit Blog at www.telehealth.org/blog
  ➢ Receive RSS feed
  ➢ You can also receive free weekly newsletter that gets sent to your in-box: http://telehealth.org/sign-up/
Research Base

- More than 4,000 references exist
- Free list of 1,000+ searchable telemental health references: www.telehealth.org/bibliography
Questions for participants to ponder:

1. Why did you become a ......?

2. How can you use those same reasons when you approach technological innovations?
Ethical Dilemma #1

When do you explain technical aspects (camera position, lighting, audio, noise, clock, etc.)?
Ethical Dilemma #2
Ethical Dilemma #3

- You need a job
- You receive a solicitation from an online company looking for licensed counselors
- What to do need to do before signing up as one of their mental health counselors?
Ethical Dilemma #4

- You start LinkedIn and Facebook profiles and company pages.
- You make sure that all your settings are locked down.
- Before you know it, your client tells you that personal information about you is visible on their feeds.
Ethical Dilemma #5

- You have a good termination with Jonathan.
- Years go by, and then he drops you a very disgruntled comment on Yelp.
- What do you do?
Ethical Dilemma #6

- You receive a detailed, highly personal text message from your new client.
- Your recall that you did not discuss text messaging when you first met with her because you were hurried.
- She’s waiting for an answer. Now what?
Learning Objectives

Participants will:

- Be able to identify and understand definitions used in online counseling, telemental health, as well as telemedicine and telehealth.
- Be able to identify three ethical best practice issues for working online.
- Be able to identify three legal best practice issues for working online.
Resource web page: www.telehealth.org/ACA
Questions?

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