State Actions Affecting Occupational Therapy in Response to COVID-19—Updated as of February 19, 2021

AOTA is tracking actions being taken by governors, state legislatures, and state agencies in response to the COVID-19 pandemic. Key issues profiled below relate to licensure, telehealth, and payment for occupational therapy services. AOTA is collaborating with state occupational therapy associations to compile and distribute this information. AOTA and state associations are advocating with state governments to ensure that consumers are able to access OT services. Recent updates to this chart are highlighted in gray. For more information, contact AOTA’s State Affairs staff at stpd@aota.org.

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<thead>
<tr>
<th>State</th>
<th>Licensing board updates</th>
<th>Updated Telehealth policies</th>
<th>Medicaid &amp; Private Insurance policy updates</th>
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<tbody>
<tr>
<td>AL</td>
<td>Board questions related to telehealth and licensure: Board states that the practice act does not address telehealth, but also does not put limits on its use. Ethical and scope-of-practice guidelines for face-to-face provision of services apply to provision of services via telehealth (posted March 27).</td>
<td>Alabama Medicaid extended temporary telemedicine coverage for speech and occupational therapy providers. Alabama Department of Insurance press release and bulletin on cost-sharing and telehealth Medicaid rule temporarily suspending the prior authorization requirement for EPSDT providers to refer clients for Durable Medical Equipment, Supplies, Appliances, Prosthetics, Orthotics, and Pedorthics, and suspending requirements for a face-to-face visit in favor of telehealth.</td>
<td>Private Insurance: BCBS of AL allows in-network providers to provide medically necessary services that can be appropriately delivered, including occupational therapy. Health Issuer’s Response to Coronavirus (COVID-19) Medicaid: On March 23, the federal government granted an 1135 waiver and a subsequent waiver on May 8. Time-limited Medicaid state plan amendment to respond to COVID-19 including allowing use of telephone communications for E&amp;M services, therapies, and other medically necessary services; subsequent SPA to cover the new COVID-19 testing group; another SPA approved in June. Time-limited Medicaid state plan amendment to respond to COVID-19 providing increase in per diem rates for COVID-19 hospital stays; subsequent SPA approval in October. 1915(c) Appendix K waiver granted allowing flexibilities in the home and community based services (HCBS) waiver, allowing electronic means of service for OT and permitting out-of-state providers of OT; a subsequent waiver</td>
</tr>
</tbody>
</table>
NOTE: The state’s previously declared public health emergency lapsed on Sunday, February 14. The impact of this on licensing, telehealth and other COVID-19 related flexibilities is not known yet. We will update this chart with information as it becomes available.

**Senate Bill 241** authorizes a professional licensing board, including the PT & OT Board, to grant a license on an expedited basis to an individual who holds a license in good standing in another state to the extent necessary to respond to the public health disaster emergency; authorizing a licensing board or the Commissioner of the Dept. of Commerce, Community, & Economic Development to take any action necessary to protect the public health and safety including 1) temporarily waiving or modifying continuing education requirements, 2) regulating the scope of practice of a licensee, or 3) requiring a licensee to arrange supervision by another licensee.

**Letter from PT/OT Board Chair** reminding licensees that care must be provided in accordance with **Health Mandate 015** (no longer in effect) and that the Board has waived the requirement to provide 60 hours of therapy services and completion of CE for the 2020 renewal cycle. (issued June 17)


**Health Order No. 2** from the Governor, Department of Health and Social Services, and Chief Medical Officer does the following: 1) 

**Division of Corporations, Business and Professional Licensing Guidance on Telehealth and Licensing During COVID-19** (updated January 20, 2021)

Department of Health and Human Services updated Temporary Expansion of Medicaid Telehealth Coverage—updated 8/19—which authorizes physical, occupational, and speech therapy services via live interactive modes of delivery. FAQs on coverage updated 8/19

**Insurance Order R20-10** requiring health insurers to liberalize telehealth benefits during the public health emergency, directing insurers to cover telehealth service categories no less generously than required by Medicare under the federal public health emergency as long as the state public health emergency is in effect, and reminding insurers that HB 29 was signed into law and became effective on March 17, 2020. The law requires insurers to implement its requirements immediately. **Bulletins 20-07 and 20-18** provide more information about the new law and coverage requirements. **Order R21-01 extended Order R20-10** regarding telehealth until February 14, 2021, or when the Governor determines that a public health emergency no longer exists.

**Division of Insurance Telehealth Information for Healthcare Providers** (click on “COVID-19 and Your Health Insurance” then click on “For Providers”, then click on “Telehealth Information for Healthcare Providers”)

Health Order No. 2 from the Governor, Department of Health and Social Services, and Chief Medical Officer does the following

**Private insurance: State-regulated plans are encouraged to liberalize telehealth benefits.**

**Bulletin B 20-11** to all insurers authorized to transact health insurance in the state requires insurers to provide greater flexibility and coverage of telehealth.

**Medicaid: 1915(c) Appendix K waiver granted** allowing flexibilities in the home and community based services (HCBS) waiver; subsequent **Appendix K** waiver approval in June; **additional waivers**, regarding exceeding limits on day habilitation hours, in October and December.

**On April 2, the federal government granted an 1135 waiver and a subsequent waiver with requests not approved initially on May 15 and waivers with additional flexibilities on May 29, June 3, June 15, August 19, and December 23.**

**Time-limited Medicaid state plan amendment granted; subsequent SPA granted allowing additional licensed practitioners to order home health services.**

COVID-19 Outbreak **Health Order No. 1** authorizing the suspension of various state laws and regulations, including several related to home health, by the appropriate state agency in a manner that best meets the needs of the state during the emergency. See **Appendix A** for law and regulation citations authorized to be suspended by the appropriate state agency.
prohibits the increasing of fees by state licensure boards, 2) authorizes a licensing board to grant a license on an expedited basis to an individual holding a corresponding license in good standing in another jurisdiction to the extent necessary to respond to the public health disaster emergency, 3) authorizes a temporary waiver or modification of continuing education requirements required to renew a license in calendar year 2020, 4) authorizes any individual granted a license to arrange and agree to supervision in person or by other means by an individual holding a license for the applicable profession. The order also requires the Department of Commerce, Community, and Economic Development to work with other applicable state and federal agencies to effectuate background check requirements as necessary to meet the health, safety, and welfare needs of the citizens of the state while meeting appropriate mitigation measures. Order went into effect on January 15, 2021, and is in effect for the duration of the Public Health Disaster Emergency.

AZ

EXECUTIVE ORDER 2020-15 EXPANSION OF TELEMEDICINE

News Release
Executive Order 2020-15

Board staff received clarification on this order from the Governor's office on 3/26/2020. This order includes occupational therapy assistants, as item 6 states telehealth services may be provided by "any Arizona licensed healthcare provider type including but not limited to..." Item 9 means that the practice of occupational therapy is the same as it was before telemedicine was allowed. Any treatments you were not authorized to provide before telemedicine are still not authorized.

Governor issued Executive Order 2020-07 (pdf) which says Department of Health Services in conjunction with the Department of Insurance requires that all insurers regulated by the state cover telemedicine visits at a lower cost-sharing point for consumers than the same in-office service to encourage utilization of telemedicine for the duration of the state’s public health emergency.

Governor issued Executive Order 2020-15 (pdf) which requires all health insurance plans regulated by the Arizona Department of Insurance and all Medicaid plans to provide coverage for all health care services provided through telemedicine if the health care service was covered were it provided in person.

Private insurance: Governor's Executive Order 2020-07 (video links) also requires insurance companies and health plans to cover out of network providers, including out of plan laboratories and telemedicine providers.

Medicaid: On March 23, the federal government granted an 1135 waiver; another granting additional flexibilities on June 1; and another in July.

1915(c) Appendix K waiver granted allowing flexibilities in the home and community based services (HCBS) waiver.

Arizona was granted time-limited Medicaid state plan amendments (SPAs) to respond to COVID-
Executive Order 2020-17 helps licensed professionals in the state stay licensed and defers certain requirements for six months.

Information on Licensing Waivers from Board website:
- Fee waivers for those who have been financially impacted by COVID-19 are available. You must attest that you have been financially impacted by COVID-19 and cannot afford to pay licensing fees.
- Temporary waiver of fingerprint requirement is no longer available. If you are not able to find a fingerprinting service in your area, please contact the Board office at (602) 589-8352.
- Temporary waiver of exam requirement is no longer available. Prometric testing centers are now open in most areas. If you are not able to schedule an exam, please contact the Board office at (602) 589-8352.
- Temporary waiver of continuing education requirement is no longer available. Continuing education hours can be completed online.

Telehealth services may be provided by any Arizona-licensed health care provider type, including occupational therapists. Expires upon termination of the Declaration of Public Health Emergency.

Department of Insurance regulatory bulletin implementing EO 2020-07 and 2020-15 states that the telehealth requirements apply to short-term limited duration plans as well as other state-regulated plans

Governor’s Executive Order 2020-29 requires all workers’ compensation insurance plans, self-insurance plans, and Special Fund to provide coverage for all health care services that can be provided through telemedicine.

19 on April 1, April 9, May 22, July 28, August 4, and September 3.

CHIP state plan amendment approved

Arizona amended an 1115 demonstration waiver to provide EPSDT dental services to 21-year-olds during the PHE

AR

Governor’s Executive Order 20-06, issued March 17, 2020, ordering all state agencies to identify provisions of any regulatory statute, agency order, or rule that prevents, hinders, or delays the agency’s ability to render maximum assistance to the citizens of the state and post any such identified provisions on their websites. Any identified and posted provisions are suspended for the duration of the State of Emergency, per Executive Order 20-16, issued

Executive Order 20-05 suspends provisions of state law requiring an in-person encounter, or face-to-face examination using real time audio and visual means to establish a professional relationship. This Order has been extended until the expiration of the State of Emergency.

Arkansas State Medical Board Telemedicine information

Private Insurance: BCBS of Arkansas and Health Advantage are encouraging members and health care providers to use audio-visual and telephone technology for certain services related to physical and/or behavioral health.

Medicaid: On April 2, the federal government issued an 1135 waiver
| **April 13, 2020** | No provisions related to OT have been identified. |
| **Department of Human Services Memorandum DMS-04** | on provision of OT, PT, and speech therapy services via telehealth. [Department of Human Services Memorandum DMS-04a](#) adds to this guidance. |
| **Time-limited Medicaid state plan amendment to respond to COVID-19** | a subsequent SPA addresses reimbursement for telephonic OT/PT/ST parental consultation and other reimbursement and benefit changes; [another amendment](#) extends some provisions of earlier SPAs until the end of the PHE, including day habilitation enhanced payments; [later amendment](#) regarding pharmacy. |

| **1915(c) Appendix K waiver** | granted allowing flexibilities in the home and community based services (HCBS) waiver; subsequent Appendix K waiver approval in June; [another waiver in August](#), enhancing payments for direct care work. |
| **CHIP state plan amendment approved** | |

| **Executive Order 40-20** | authorizing the Director of the Dept. of Consumer Affairs to waive any continuing education requirements and any accompanying education requirements for OT practitioners and other licensees. Issued March 30, 2020. |
| **Executive Order N-39-20** | authorizing the Dept. of Consumer Affairs to amend scopes of practice and waive any licensing requirements for health care providers, including OTs and OTAs. |
| **Department of Consumer Affairs list of COVID-19 temporary waivers:** | |
| - [20-53 temporarily waives](#), for individuals whose active licenses expire between March 31, 2020, and October 31, 2020, any requirement that an individual renewing their license take and pass an examination to renew a license or complete or demonstrate compliance |
| **California All-Plan Letter directing plans to cover telehealth at the same rate as in-person:** | pay for telephone at the same rate as video if medically appropriate; and not to charge higher cost sharing for telehealth. |
| **All-Plan Letter regarding billing and delivery of telehealth services:** | including FAQs regarding eligible providers. |
| **Insurance Commissioner directed health insurance companies to provide increased telehealth access during COVID-19 emergency.** | |
| **Executive Order N-43-20** | temporarily suspending the requirement for a health care provider to obtain verbal or written consent before the use of telehealth services and to document that consent, and requiring that a covered health care provider ensure that the delivery of telehealth services is consistent with the [March 17, 2020 notification from the U.S.](#). |
| **Medicaid:** | On March 23, the federal government granted an 1135 waiver; another waiver approved in August allows clinic services provided by telehealth. |
| **1915(c) Appendix K waiver** | granted allowing flexibilities in the home and community based services (HCBS) waiver; subsequent approval addressing reporting requirements; another approval granted in June; and another waiver in August regarding work hours for personal care workers. [Later approvals in September and November](#). |
| **FAQs from the Commissioner of Insurance** | regarding cost-sharing, claims issues, coding of |
with any CE requirements to renew a license.

- **20-91 temporarily waives** any requirement, for an individual seeking to reactivate or restore a certain license including an OT or OTA license, that an individual 1) complete or demonstrate compliance with any CE requirements to reactivate or restore a retired, inactive, or canceled license, and 2) pay any fees to reactivate or restore a retired, inactive, or canceled license (including renewal delinquency, penalty, or late fees or any other statutory or regulatory fees). A license reactivated or restored pursuant to this waiver is valid until July 1, 2021, or when the State of Emergency ends, whichever is sooner.

- **20-23 extends** several timeframes and makes a Limited Permit a way for graduates to enter the workforce while waiting to take the NBCOT exam

- **20-66 gives OT and OTA applicants** whose applications were abandoned by the OT Board between March 31, 2020, and November 30, 2020 for failure to take and pass the NBCOT exam an additional 6 months after their application was received to submit a complete application.

**CBOT COVID-19 general updates** including general FAQs, FAQs about Executive Order 39-20, and links to additional information.

| CO | DORA has adopted emergency rules impacting occupational therapy practitioners as a result of Governor’s **Executive Order D 2020 038**:  
- **Expanding the scope of practice for OTs and OTAs** to include services performed while working in a hospital or inpatient | **Enacted SB 212** requires health insurance carriers, including Medicaid, to cover telehealth. The legislation prohibits carriers from imposing specific requirements or limitations on HIPAA-compliant technologies; requiring an established patient-provider relationship; or imposing | **Private insurance:** [Insurance bulletin](#) directing state-regulated plans to provide coronavirus–related telehealth without cost sharing; testing without cost sharing; and early prescription refills. **Emergency regulation** formalizing the bulletin (click on italicized text under Adopted |

California [amended an 1115 demonstration waiver](#) to respond to COVID-19, allowing rehab services in temporary residential settings and suspending limits on SUD treatment services.

**Office of Civil Rights** that implemented discretion in the enforcement of HIPAA requirements

**Department of Health Care Services guidance** on California Children’s Services Medical Therapy Programs, authorizing medical therapy providers to provide OT and PT services in non-school settings for the duration of the public health emergency.

**Medi-Cal guidance document** on Payment for Telehealth and Virtual/Telephonic Communications Relative to COVID-19.
<table>
<thead>
<tr>
<th>CT</th>
<th>Department of Public Health webpage information regarding suspension of license renewal requirements under Executive Order</th>
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<td>Enacted HB 6001 extends telehealth flexibilities granted by previous Executive Orders (No. 7F and No. 7FF) until March 2021. HB 6001 makes many emergency measures by the Governor rule heading). DORA has proposed a permanent rule to make the requirements of the bulletin and emergency rule permanent (click on the italicized text under the Proposed rule heading).</td>
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<td>Medicaid: On March 26, the federal government granted an 1135 waiver; a subsequent waiver with additional flexibilities granted in June.</td>
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<td>1915(c) Appendix K waiver granted allowing flexibilities in the home and community based services (HCBS) waiver; subsequent waiver granted related to document submission timeframes; another Appendix K waiver approval in June; and another in September modifying payment rates for day habilitation, including virtual only services. Waiver granted in January extends the end date for the Appendix K waivers.</td>
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<td>Time-limited Medicaid state plan amendment to respond to COVID-19. Subsequent SPA adjusting reimbursement for primary care providers.</td>
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<td>CHIP state plan amendment approved</td>
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<td>Executive Order 2020 68 suspends certain statutes that would require certain enrollees to be disenrolled from Medicaid. A subsequent Executive Order extended this order for 30 days from January 31, 2021.</td>
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<td>additional certification, location, or training requirements as a condition of reimbursement. This bill codifies provisions in Executive Order 2020 020, which was extended by Executive Orders 2020 046, 2020 082, and 2020 116. All of these orders have expired. Rules adopted by the Medical Services Board as a result of the passage of SB 212 were adopted and went into effect on September 30. The rules make permanent the expanded telemedicine authorized during the COVID-19 emergency and as authorized in the Senate bill for select physician services provided in various settings and allow for interactive video, audio, or data communication in lieu of face-to-face communication between a patient and provider. Health First Colorado temporarily expanded its telemedicine policy to add occupational therapy services (as well as physical therapy and home health hospice and pediatric behavioral therapy services) to the list of eligible interactive audiovisual telemedicine services. Department of Regulatory Agencies adopted emergency rule requiring carriers to reimburse providers for provision of telehealth services, including occupational therapy, using non-public facing audio or video communication products during the COVID-19 nationwide public health emergency. This emergency rule was extended on December 15, 2020, until March 16, 2021. State Telehealth for Providers webpage, including technology, HIPAA, and billing information</td>
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No. 70 and the related Dept. of Public Health Order

**Executive Order No. 70** authorizing the Commissioner of Public Health to waive licensing, renewal, and inspection requirements to ensure the adequate provision of health care during the state of emergency (issued March 27).

**Department of Public Health Order**, resulting from Executive Order 70, providing that licenses not renewed during the current public health emergency shall not expire until 6 months after the public health emergency is declared to be over.

**Executive Order 7DD**, in addition to clarifying telehealth opportunities, also authorizes the Commissioner of Public Health to issue an order suspending, for no longer than 60 days, the licensure requirements for out-of-state licensed occupational therapists; and suspending the continuing education requirements for OTs and OTAs for 6 months for only the continuing education year in which March 10, 2020 lies for him or her. Section 3 of this Executive Order is superseded by **Executive Order 7HHH** which continues the temporary suspension of licensure requirements for out-of-state health care providers for the duration of the public health emergency.

**Commissioner of Public Health Order** suspends for 60 days the requirement for licensure, certification, or registration of occupational therapists and other out-of-state licensed health care providers pursuant to Executive Order 7DD. **A subsequent Order** extended this provision for the duration of the public health permanent such as: 1) expanding the list of care providers able to use telehealth including occupational therapists and therapy assistants; 2) allowing coverage for services delivered over an audio-only phone and other audio-visual telemedicine platforms; 3) allowing care providers to use telehealth from any location; and 4) requiring reimbursement parity for telehealth services, and preventing insurers from seeking co-pays or deductibles or reducing the amount of reimbursement to providers.

June. **Another waiver** allows clinic services via telehealth and extends the deadline for HCBS face-to-face encounters.

**1915(c) Appendix K waiver granted** allowing flexibilities in the home and community based services (HCBS) waiver; **later approvals** in September and November, addressing retainer payments in habilitation programs and other issues.

**Time-limited Medicaid state plan amendment to respond to COVID-19** provides for expansion of certain home health and telehealth services.
and civil preparedness emergency in accordance with Executive Order 7HHH.

**Governor’s Executive Order 10A** extends any COVID-related Executive Orders and individual sections of executive orders issued pursuant to the public health emergency or civil preparedness emergency until April 19, 2021, unless earlier modified or terminated by the Governor.

**DC**

**Mayor’s Administrative Order 2020-02**

Waives licensure fees for health care providers appointed as temporary agents of DC; a temporary agent has a license in their home jurisdiction and is only providing services at a licensed health care facility (including telehealth) or has an existing relationship with a patient who has returned to DC and continues to require the health care provider’s services.

Notice on Board website: Licensure Waivers

In response to COVID-19, DC Health has waived all licensure requirements for practitioners who are licensed in good standing in another jurisdiction. You can read more about the waiver process [here](https://example.com).

**Adopted emergency rule in effect until May 5, 2021** authorizing each health occupations licensing board to exempt an applicant for renewal of a license from some or all of the required continuing education if the applicant fails to complete the CE requirement due to documented hardship, disability, serious illness, or other circumstances the Board deems appropriate; defining remote instruction; authorizing each board to approve and accept, under extraordinary circumstances, CE courses that are completed by remote instruction in place of any required in-person CE, if the Board determines that completing the in-person CE

The Mayor issued guidance on the use of telehealth in the District of Columbia stating that telehealth services are currently permissible in the District of Columbia provided such services are delivered in a manner consistent with standards of care and licensed-out-of-state health care providers obtain a license in DC to provide services to a client located in DC.

**Dept. of Health Care Finance additional telemedicine resources**, including link to adopted permanent rule regarding Medicaid-reimbursable telemedicine services (see pages 009734-009739), which adds the beneficiary’s home as the originating site, clarifies that a distant site provider includes any provider staff working remotely, clarifies that the distant provider sites listed in the existing rule is non-exhaustive and that services provided by other Medicaid providers via telehealth are reimbursable, and clarifying that when the originating site is the beneficiary’s home, the distant site provider is responsible for ensuring that the technology in use meets minimum existing requirements in current regulation.

**Dept. of Health Care Financing Documentation Standards for Services Delivered Via Telemedicine** (published November 30, 2020)

**Medicaid**

**A public notice to COVID-19 Medicaid providers** regarding where to get information, coverage of testing, telemedicine coverage, and how beneficiaries can receive extra medicine or supplies.

On April 3, the federal government granted an 1135 waiver (see more information from the Medicaid Director [here](https://example.com)) and a subsequent waiver was granted on May 8.

**1915(c) Appendix K waiver** granted allowing flexibilities in the home and community based services (HCBS) waiver like exceeding limits on the use of telephone, video conferencing, or other technology; subsequent waiver modifying prior authorization process for direct care and nursing services; further waivers modifying service limits for respite and community transitions & extending the end dates for the Appendix K waivers.

**Time-limited Medicaid state plan amendment** to respond to COVID-19, allowing therapeutic services through electronic modalities or the telephone, among other flexibilities; subsequent amendment establishing an alternative payment methodology (APM) for health centers; another allowing retainer payments for adult day health; and another increasing reimbursement to certain substance abuse services providers.
<table>
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<tr>
<th>State</th>
<th>Document/Order</th>
<th>Description</th>
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<tr>
<td>DE</td>
<td>Letter from Division of Professional Regulation to licensees regarding continuing education and licensure renewal</td>
<td>DMMA is revising telehealth policies to remove barriers created by requirements that patients present in-person before telehealth services may be provided and allow out-of-state health care providers to provide services if they hold an active license in another jurisdiction. Governor signed House Substitute 1 for House Bill 348 which extends several telehealth flexibilities until July 1, 2021: requires out-of-state practitioners to complete a Medical Request Form and follow any other regulations established by the Division of Professional Regulation; continues the suspension, established in the Second Modification of the State of Emergency, of the requirement that patients present in person and be located in the state before telemedicine services may be provided; allows for the in-person requirement to be waived if impractical; permits telemedicine services via non-smart phones or land line connections consistent with Tenth Modification of the State of Emergency; provides that professionals requiring direct supervision are not covered by the act; and requires telemedicine services permitted under the law to receive the same insurance coverage as under existing law. Dept. of Insurance Final Order adopting regulation amendments to align insurance regulations with the new telemedicine/telehealth regulations.</td>
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<td>Private insurance: Department of Insurance, Securities, and Banking order directing insurers to cover screening, testing, and treatment without cost sharing; cover a vaccine without cost sharing when available; provide robust telehealth with cost sharing that is not greater than for in-person services; and other requirements.</td>
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<td>Private insurance: The Department of Insurance issued a bulletin to all insurance carriers in the state related to testing, telemedicine and telehealth, network adequacy and out of network services, utilization review, surprise medical bills, etc. Department of Insurance Bulletin No. 116: Additional Guidance Relating to COVID-19, specifically suspension of cancellations and nonrenewals, telehealth, and waiver of pre-authorization requirements. Medicaid: On March 27, the federal government granted an 1135 waiver. Another 1135 waiver with additional flexibilities granted in June. 1915(c) Appendix K waiver granted allowing flexibilities in the home and community based services (HCBS) waiver; subsequent waiver addressing retainer payments in habilitation programs; January 2021 approval extending the end date for the Appendix K waivers. Time-limited Medicaid state plan amendment to respond to COVID-19 suspending copays and premiums, modifying telehealth benefits, and other changes; subsequent SPA increasing payment for day services and supportive employment services.</td>
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AOTA State Affairs Group
February 19, 2021

<table>
<thead>
<tr>
<th>FL</th>
<th>Notification of Renewal Deadline Extension (posted December 29, 2020): As part of the response efforts to the Novel Coronavirus 2019 (COVID-19), State Surgeon General Scott Rivkees has extended the licensure renewal expiration date until March 31, 2021, for any health care practitioner with licensure renewal deadlines between December 31, 2020, and March 1, 2021. Governor’s Executive Order 20-52 allowing medical professionals and workers with good and valid professional licenses issued by states other than Florida to render such services in Florida during this emergency for persons affected by this emergency with the condition that such services be rendered free of charge, and with the further condition that such services be rendered under the auspices of the American Red Cross or the Florida Department of Health. Extended for another 60 days on December 29, 2020. Board FAQs on continuing education, including questions regarding “live” continuing education activities.</th>
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<tr>
<td>GA</td>
<td>Rule 671-3-0.1-.08. Emergency Rule on Continuing Education Requirements Due to the State of Emergency regarding COVID-19, licensees who apply to renew licenses expiring March 31, 2020, shall have</td>
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**Law** enacted by House Bill 348. Amendments are effective starting November 11, 2020, until July 1, 2021, unless extended by order of the Insurance Commissioner.

**Department of Insurance Bulletin: Passage of Telemedicine Statute**

**CHIP state plan amendment approved** Delaware was granted a COVID-related 1115 demonstration waiver, allowing the state to make retainer payments to habilitation and personal care providers.

**Surgeon General issued an Emergency Order** that allows certain out-of-state health care professionals, including OTs and OTAs, to temporarily provide telehealth services to persons in Florida.

**Florida Medicaid has expanded telemedicine/telehealth services to behavior analysis services, therapy services, specified behavioral health services, and early intervention services.** All flexibilities will continue until further notice.

**Governor issued Executive Order 20-85 to ensure** that all state employees have access to telehealth services. Expires upon expiration of Executive Order 20-52 (extended November 3, 2020 for 60 days).

**Department of Insurance Informational Memorandum** to state-regulated health insurers encouraging them to broaden access to telehealth

**Information on Out-of-State Telehealth Provider Registration** for licensees licensed outside the state of Florida.

**Medicaid:** On A**pril 1, the federal government granted an 1135 waiver and a subsequent waiver with requests not approved initially on May 14.

**1915(c) Appendix K waiver granted** allowing flexibilities in the home and community based services (HCBS) waiver; subsequent approval in January 2021 extending the end date for the waiver.

**Time-limited state plan amendment** to respond to COVID-19 including suspension of copayments, adjust current benefits, expand telemedicine services, increase payment rates, eliminate sanctions for cost reports, and modify occupancy limits.

**Board FAQs** on continuing education, including questions regarding “live” continuing education activities.

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**Medicaid:** On March 17, the federal government granted an 1135 waiver, allowing the state to make retainer payments to habilitation and personal care providers.
| Guam | Executive Order regarding temporary appointment of health care personnel. Order also waives all licensing requirements, permits, or fees required by law, rule, or regulation for health care providers until the public health emergency terminates. Emergency has been extended until March 1, 2021. | No updates at this time | No updates at this time |
| HI | Governor’s Eighteenth Emergency Proclamation suspending the Occupational Therapy Practice Act sections 1) related to biennial renewal, failure to renew, restoration, inactive licensure, and conversion from registration; and 2) requiring a license to practice in the state, to the extent necessary to allow out-of-state OTs and OTAs with current and active licenses or those previously licensed whose licenses are no longer current and active to practice in the state without a license provided the individuals have never had their license revoked or suspended and are hired by a specific health care facility or state or county entity. These suspensions are in effect until April 13, 2021, unless terminated or superseded by a separate proclamation, whichever comes first. | The Department of Human Services Med-QUEST Division has issued a series of guidance documents related to telehealth: - payment guidance for FQHCs; - general guidance on telehealth services provided by FQHCs; - COVID-19 action plan for Quest Integration health plans, including telehealth provisions; - guidance on billing codes including telehealth visit codes, on virtual check-ins and e-visits; and - telehealth guidance on telephonic services and services billable for non-physician health care providers including OTs. | Medicaid: On March 26, the federal government granted an 1135 waiver Time-limited Medicaid state plan amendment granted. Hawaii was granted a COVID-related 1115 demonstration waiver, allowing the state to make retainer payments for personal care services; and extend the timeframes for functional status and level of care assessments and reassessments in HCBS. 1915(c) Appendix K waiver granted allowing flexibilities in the home and community based services (HCBS) waiver; subsequent waivers for retainer payments in the I/DD waiver and temporarily increasing payment rates for select... |
| **ID** | No updates. | Governor’s Executive Order 2020-13 makes all waivers of telehealth regulations that were issued during the coronavirus pandemic permanent. | Medicaid: On March 26, the federal government granted an 1135 waiver 1915(c) Appendix K waiver granted allowing flexibilities in the home and community based services (HCBS) waiver; subsequent waiver allowing rate increases for certain providers and allowing telehealth for some face-to-face encounters.|
| **IL** | Dept. of Financial and Professional Regulation Proclamation suspending the permanent licensure requirements for various health care providers, including OTs and OTAs, who are licensed in another state are in good standing, and working under the direction of IEMA and The Illinois Department of Healthcare and Family Services Provider Notice of telehealth services expansion and of emergency rules regarding telehealth (issued March 20). Click here for the text of the telehealth emergency rules (see blue, underlined text at end of pdf). | Medicaid: On March 23, the federal government granted an 1135 waiver Time-limited Medicaid state plan amendment granted to make changes incl. suspending all copayments. | Medicaid: On March 23, the federal government granted an 1135 waiver Time-limited Medicaid state plan amendment granted; later waivers (here and here) rescind

Governor’s Eighteenth Proclamation Related to the COVID-19 Emergency suspended various laws related to telehealth to the extent that the laws define telehealth as excluding the use of standard telephone contacts. These laws relate to coverage of telehealth services by the state’s managed care and fee-for-service programs, by a health or sickness insurance plan, by an HMO, or by a mutual benefit society insurance plan. The law suspensions in this Proclamation are in effect until April 13, 2021, unless terminated or superseded by a separate proclamation, whichever comes first.

Medicaid: On March 26, the federal government granted an 1135 waiver 1915(c) Appendix K waiver granted allowing flexibilities in the home and community based services (HCBS) waiver; subsequent waiver allowing rate increases for certain providers and allowing telehealth for some face-to-face encounters.

Time-limited Medicaid state plan amendment granted to make changes incl. suspending all copayments.


Medicaid: On March 23, the federal government granted an 1135 waiver Time-limited Medicaid state plan amendment granted; later waivers (here and here) rescind
IDPH in response to the public health emergency declared by the Governor. Licensees are limited to working under the direction of IEMA and IDPH pursuant to a declared disaster and in a state licensed long-term care facility, state regulated hospital or federally qualified health center (FQHC) and are limited to providing treatment only in response to the COVID-19 outbreak. This proclamation has been extended until May 31, 2021.

On April 21, guidance was issued by IDFPR clarifying that out-of-state health care workers who have been issued a temporary permit from the Department may practice either under the direction of IEMA/IDPH or under the direction of a state licensed long-term care facility, a state regulated hospital, or a FQHC. Executive Order 2020-23, which this proclamation is based on, has been extended through March 6, 2021.

Additional guidance posted on the IDHFS website includes a Provider Notice (issued March 30) providing additional guidance for telehealth, virtual check-in, and online patient portal/E-visit billing, a news announcement from the Governor about the state’s new remote patient monitoring program, FAQs about the above telehealth emergency rules, and a correction to the March 30 Provider Notice regarding telehealth billing.

Executive Order 2020-09 requires all health insurance issuers regulated by the Department of Insurance to cover the costs of all Telehealth services rendered by in-network providers to deliver any clinically appropriate, medically necessary covered services and treatments; prohibits cost-sharing for telehealth services provided by in-network providers; applies to in-network, licensed occupational therapists (ILOTA received confirmation from IDFPR that this executive order applies equally to OTAs and OTs). This provision has been extended until March 6, 2021.

IDF/ID increase authorized in earlier SPA among other changes.

1915(c) Appendix K waiver granted allowing flexibilities in the home and community based services (HCBS) waiver; subsequent waiver extending retainer payments for habilitation and personal care and increasing rates for adult day, among other changes; approval in January to extend the end date of the waivers.

CHIP state plan amendment approved

| IN | Notices pertinent to OT practitioners on Professional Licensing Agency website: 1. Healthcare Licensing Requirements—Various code cites: Pursuant to Executive Order 20-05, all healthcare professionals that hold a valid license are permitted to practice in Illinois via telehealth. Maryland: Executive Order 02-05 requires the Family and Social Services Administration (FSS) to: • Waive all premium payment requirements for the Healthy Indiana Program. |  | Medicaid: Executive Order 02-05 requires the Family and Social Services Administration (FSS) to: • Waive all premium payment requirements for the Healthy Indiana Program. |

FAQs on Out of State Health Care Professional Temporary Practice Permit.
license to practice in another state are not required to attain an Indiana license to practice their equivalent profession in Indiana. The individual cannot be suspended or barred from practicing in any State. Executive Order 21-03 extended this authorization until March 1, 2021.

2. Fingerprinting- The Indiana Dept. of Administration has temporarily suspended all non-emergency status fingerprinting in order to comply with the Stay-At-Home Executive Order. This means that only applicants whose license has been deemed as emergency status (as determined by the Dept. of Administration) are able to receive fingerprinting at this time. All non-emergency fingerprinting will be delayed until the Stay-At-Home order is lifted.

COVID-19 Temporary Healthcare Provider Registry information

Executive Order 20-13 authorizing a health care worker who retired within the past 5 years, surrendered their license, or whose license was inactive but not revoked, suspended, or relinquished to provide health care services in Indiana during the emergency without reinstatement or approval by the appropriate licensing board for a period of 90 days. Renewal is available in 30-day increments. The Order also requires certain Indiana licensed or out-of-state licensed providers to register with the appropriate Indiana licensing board under certain circumstances. Executive Order 20-51, issued on December 22, 2020, granted an additional 90-day period.

Department of Health Statewide Standing Order CSO-20-05 authorizing licensed health care providers, including OTs and OTAs, to administer vaccines as recommended by the services, and it includes both fee-for-service Medicaid as well as all managed care benefits. Subsequent FAQs, updated as of June 11, allow for OT, PT, and speech services to be provided via telemedicine, but only with a video component, which is required by the Governor’s Executive Order 20-13. An IHCP bulletin published on July 9 states that telemedicine flexibilities implemented as a result of COVID-19 will stay in place until the end of the Governor’s declared public health emergency. Governor’s Executive Order 20-13 authorizing OTs (not OTAs) to practice via telemedicine

Program (HIP) and the Children’s Health Insurance Program (CHIP)
- Delay renewal processing for all Medicaid and HIP recipients
- Suspend all Telehealth restrictions.

On March 25, the federal government granted an 1135 waiver and a subsequent waiver on May 13.

1915(c) Appendix K waiver granted allowing flexibilities in the home and community based services (HCBS) waiver. Subsequent waivers followed in October and December.
<p>| IA | Iowa Board of Physical and Occupational Therapy Guidance Related to Governor Reynolds’s Proclamations &amp; COVID-19 related to license renewal, continuing education, background checks, and telehealth. (updated June 25) Governor’s Executive Order temporarily suspending regulatory provisions to the extent that they exclude from the definition of telehealth the provision of services via audio-only telephone services and requiring the Insurance Commissioner to ensure that any health carrier shall reimburse a health care professional for medically necessary, clinically appropriate covered services provided via telehealth or audio-only telephone service to a covered person on the same basis as if the services were provided in-person. A subsequent Executive Order extended these provisions until March 7, 2021. Governor’s Executive Order temporarily suspending regulatory provisions that require Iowa licensure for an out-of-state OT or OTA to provide OT services via telephone or electronic means to an Iowa resident. Issued April 24. A subsequent Executive Order extended these provisions until March 7, 2021. The Iowa Medicaid Enterprise (IME) allows telehealth services to be provided for all Medicaid-covered benefits and provides guidance on billing. Insurance Bulletin 20-06 to increase the availability and usage of telehealth in the state Department of Human Services informational letter to all Medicaid providers authorizing OTs to bill for telehealth services Department of Human Services FAQs on Telehealth, including the following: | Medicaid: DHS is waiving all co-pays, premiums, and contributions for Iowa Health and Wellness Plan (IHWP), Medicaid for Employed People with Disabilities, Healthy and Well Kids in Iowa, and Dental Wellness Plan. On March 25, the federal government granted an 1135 waiver 1915(c) Appendix K waiver granted allowing flexibilities in the home and community based services (HCBS) waiver. CHIP state plan amendment approved Time-limited Medicaid state plan amendment to respond to COVID-19 to cover the new optional group; subsequent SPA to allow for an additional $300 per day for nursing facility COVID relief; another SPA regarding dental payments. |
| KS | KSBHA Emergency Actions and Guidance Statements to Facilitate Immediate Access to Care During the COVID-19 Emergency Declaration Period memorandum regarding temporary emergency licensure, prioritized licensing application processing for military service members and spouses, temporary licenses for OTs and OTAs who meet requirements for licensure or meet requirements for licensure except for the exam, the out-of-state provider compliance confirmation process, continuing education deadline extensions, Board guidance statements, and general information. Updated July 1, 2020. Board of Healing Arts list of emergency actions and guidance statements for the COVID-19 emergency, including information about a temporary emergency license process, a license waiver process for qualified out-of-state | Kansas Insurance Department COVID-19 FAQ: Are health insurers covering telehealth services due to COVID-19? The Commissioner of Insurance does not have the authority to mandate expansion of telehealth services or modifications in reimbursement amounts. However, we know many health insurers, but not all, are voluntarily making changes to allow telehealth services and to modify their payment practices to reimburse those services at the same level as in-person services. We encourage everyone to check with their health insurer regarding the coverage of telehealth services. How else are health insurers responding to COVID-19? The Department reached out to health insurers and learned they are implementing their contingency plans as need and are shifting | Medicaid: On March 25, the federal government granted an 1135 waiver 1915(c) Appendix K waiver granted allowing flexibilities in the home and community based services (HCBS) waiver; subsequent Appendix K waiver approvals in June; another waiver in August authorizing retainer payments for personal care services; approval in January 2021 to extend the end date of the waivers. CHIP state plan amendment approved Time-limited Medicaid state plan amendment granted; subsequent SPA approved in June. |</p>
<table>
<thead>
<tr>
<th>KY</th>
<th>At the Board's March 24 meeting, the Board agreed to suspend the regulatory requirement that an OT supervisor of an OTA provide no less than 2 hours per month of face-to-face supervision. The Board also voted to suspend the regulatory requirement that an OT supervising a temporary permit holder provide at least 30 minutes of face-to-face supervision daily and to allow the 30 minute requirement and the 2 hour face-to-face supervision requirement for OTAs to be done via remote means (FaceTime, mobile call, Zoom, etc.) until after the State of Emergency.</th>
</tr>
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<tbody>
<tr>
<td>Memo from Kentucky Cabinet for Health and Family Services—Office of Inspector General regarding specific diagnoses considered emergent and urgent for purposes of continued PT, OT, and speech therapy services during the state of emergency. <strong>SB 150</strong> provides that unless prohibited or limited by federal law, a health care provider who establishes a provider-patient relationship, may remotely provide health care services to a patient through the use of telemedicine. Information from the Kentucky OT Board</td>
<td>Medicaid: The <strong>Department of Medicaid Services</strong> will waive all cost sharing associated with COVID-19, encourage the use of telehealth when possible, add specific codes related to telehealth on a temporary basis, and eliminate prior authorization for COVID-19 related services. <strong>Medicaid letter to providers</strong> expanding presumptive eligibility during the declared state of emergency</td>
</tr>
</tbody>
</table>
Governor’s Office Press Release regarding re-opening plan: OT services may be resumed during Phase 1 of re-opening. KYOTA received clarification that OT services are considered part of “outpatient hospital services” under Phase 1.

Medicaid COVID-19 FAQs, including the following:

14. What about initial in-person meetings required for services such as occupational therapy, physical therapy, and speech and language pathology or PT 76 services? (see page 4)
If appropriate and consistent with the guidance in these FAQs, the March 17, 2020 Provider letter, or executive orders, PT 76 can use telehealth. To the extent allowed or not restricted by executive order or licensing board action, DMS will allow for these facilities and providers to provide services via telehealth or other telecommunication method.

26. We are an EPSDT provider of ST, OT & PT services. With the closing of certain facilities because of the Coronavirus we are wanting to provide our services through Telehealth. Will our current authorizations on clients still be valid and sufficient for the use of the Telehealth?
Yes, DMS will require that current authorizations apply to services provided via telehealth.

27. Can a physical and occupational therapist provide services in a home setting? (see page 6)
Yes, with the changes made to telehealth services over the last year—including the previously existing allowances under 907 KAR 3:170—a physical and occupational therapist can provide any service via telehealth unless that service is prohibited by the provider’s licensure and licensure board or if it is residential in nature.

On March 25, the federal government granted an 1135 waiver; subsequent waiver with additional flexibilities approved in December.

1915(c) Appendix K waiver granted allowing flexibilities in the home and community based services (HCBS) waiver; subsequent waiver regarding reporting timeframes.

Time-limited Medicaid state plan amendment granted. Subsequent SPAs (also see here) allowing for broad use of telehealth with reimbursement based on face-to-face fee schedule and other changes. SPA allowing for broad use of telehealth with reimbursement based on the current face-to-face fee schedule.

CHIP state plan amendment approved

Private insurance: Executive Order 2020-220 states that all insurers shall ensure that provider networks are adequate to handle an increase in the need for health care services, including offering access to out-of-network services where appropriate.

Department of Insurance guidance on EO 202-220 allowing for use of additional non-public facing audio or video and waiving requirements for prior provider-patient relationship to receive telehealth.

Prior Authorization Guidance, updated February 3, 2021, from Medicaid stating that Prior Authorization will not be required for all inpatient Medicaid services provided by Medicaid enrolled hospitals, with specific exceptions.
37. Can providers deliver services remotely during the COVID-19 state of emergency? (see page 8)
Yes, DMS is allowing providers to deliver 1915(c) HCBS waiver services remotely for certain services. This can be done in situations where a participant is quarantined due to symptoms of or having been exposed to COVID-19 or as a precaution against spreading COVID-19. Services that could be provided via telehealth include:
- Physical, Occupational or Speech Therapy,
- Supported Employment,
- Behavior supports and counseling services,
- In-home services such as Personal Care or Homemaking (cueing and prompting support only)
- Case Management.

LA
Board website notice:
For an orderly transition and continuity of care for Louisiana citizens, the LSBME will extend the duration of all temporary permits issued during the COVID public health emergency until 90 days after the termination of the declared health care emergency, whenever that is determined by the Governor or the judicial branch of the state of Louisiana.

Governor’s Executive Order suspending state licensure laws, rules, and regulations for out-of-state or out-of-country medical professions who hold a current license in good standing in their respective state or country and that they practice in good faith and within reasonable scope of their skills, training, or ability. Also temporarily suspends the requirement that a licensing board have a quorum for decision-making and allows the Executive Director of the Board to temporarily suspend, waive, or amend a Board rule that would prohibit, limit, or

Louisiana Medicaid encourages the use of teledmedicine/telehealth for rendering physical therapy, occupational therapy, and speech therapy to members. Claims processing systems will be updated by March 24, 2020—before that date, providers should continue to submit claims and they will be recycled with no action needed by the provider.

During State Board of Medical Examiners’ Emergency Board Meeting, Board approved a recommendation to allow OTAs to utilize telehealth in the provision of services to the patients managed by OT and OTAs. Board of Medical Examiners’ rule exemption regarding telehealth (see highlighted portion on page 6)

Governor’s Proclamation 32 JBE 2020 suspends, for the duration of the emergency declaration, the requirement that an occupational licensing board that regulates the practice of a health care provider promulgate

Medicaid: Louisiana Medicaid encourages the use of teledmedicine/telehealth for rendering physical therapy, occupational therapy, and speech therapy to members. Claims processing systems will be updated by March 24, 2020—before that date, providers should continue to submit claims and they will be recycled with no action needed by the provider.

On March 23, the federal government granted an 1135 waiver; a subsequent waiver on May 11; and another waiver modifying the deadline for home health face-to-face encounters.

1915(c) Appendix K waiver granted allowing flexibilities in the home and community based services (HCBS) waiver; subsequent waiver granted in July and another approval in November; additional approvals in January 2021 include extending the end date of the Appendix K waivers.
| Rule exemptions | Emergency rule from Medicaid | Time-limited Medicaid state plan amendment granted, includes provision extending all prior authorizations, incl. those for OT; subsequent SPA covering the new optional group for COVID testing.

CHIP state plan amendment approved

Private insurance: Department of Insurance emergency rule waiving restrictions on audio-only and personal devices; patient-provider relationship requirements; and requiring telehealth to be covered on the same basis as in-person. |

| Louisiana State Board of Medical Examiners Plain Language Guidance Regarding Board Changes During the COVID-19 Crisis including establishing that OTs and OTAs can provide services via telehealth, waiving the fingerprinting requirement for obtaining a temporary license, suspending the 90-day limit on temporary licenses, and relaxing general Board enforcement standards under certain circumstances. | Emergency rule from Medicaid authorizing temporary coverage of services provided via an interactive telecommunications system, without the requirement of video if such action is determined to be necessary to ensure services meet recipients’ needs. (see page 501). This emergency rule has been re-adopted and expires March 13, 2021. | Notice to Licensees re Continuing Education Requirements (posted October 19, 2020): Effective January 2021, all LSBME licensees (with the exception of Acupuncture, Physician Assistant and Genetic Counselor categories) will be required to use our continuing education tracker to track their annual hours of continuing medical education (CME) or continuing professional education (CPE). During the COVID-19 emergency, the board suspended its annual requirements for continuing education for the 2020 renewal year. The 2021 renewals cycle will arrive soon, and we will operate on a slightly different system as we transition to the new system. |

- interferes with the licensing of health care professionals to address the emergency. (See Section 6A and B). These provisions have been extended until March 3, 2021.

- These provisions have been extended until March 3, 2021. | These provisions have been extended until March 3, 2021. | These provisions have been extended until March 3, 2021. |
Beginning in January, we will be prorating your CE requirements for renewal on a one-time basis in order to give licensees a chance to catch up after the disruption during the pandemic. Licensees who renew in January must have completed 2 hours of professional education in the last 12 months in order to renew. For February renewals, licensees must have 4 hours, March renewals 6 hours, and so on. By the time licensees with October dates enter the renewal system, they should have all 20 hours (if physicians, other licensee groups require fewer hours). All licensees must meet this schedule of completion of hours, regardless of profession.

All licensees are required to enroll in the continuing education tracker. All licensees may enroll in the zero cost option; those who wish to have more services attached to the tracker may opt for another plan.

**ME**

Notice from the Office of Professional and Occupational Regulation regarding Governor’s Executive Order 35 stating: all licensed health care providers may provide services via telehealth by video, audio, or electronic means; extending by 30 days until after the state of emergency is over, the expiration date of a license that is scheduled to expire during the declared state of emergency; and all temporary licenses issued by the OT board do not expire until 30 days after the state of emergency is over.

Governor’s Executive Order 35, among licensing provisions also 1) authorizes OTs and OTAs to provide necessary health care services permitted by their licenses through the use of all modes of telehealth, including video and audio, audio-only, or other electronic media; and 2) suspends enforcement of privacy requirements that would prevent, hinder, or delay the delivery of telehealth services. Remains in effect until rescinded or the public health emergency is terminated.

Office of Professional and Occupational Regulation posted telehealth resources from the Northeast Telehealth Resource Center, including links to guidance on reimbursement.

**Medicaid:** MaineCare providers are being encouraged to consider utilizing telehealth for the delivery of MaineCare-covered services when appropriate and necessary (updated April 16, 2020).

1135 waiver granted, and another on May 28.

Time-limited state plan amendment granted to the CHIP program suspending premiums and lockouts. De

Time-limited Medicaid state plan amendment granted. Subsequent amendments (here and here), detail payment policies for telehealth services not otherwise paid for by Medicaid.

1915(c) Appendix K waiver granted allowing flexibilities in the home and community based services (HCBS) waiver; subsequent approval.
<table>
<thead>
<tr>
<th>State</th>
<th>Executive Order/legislation</th>
<th>Description</th>
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<tbody>
<tr>
<td>MD</td>
<td>Governor’s Executive Order (issued March 16, 2020)</td>
<td>authorizing out-of-state licensed health care providers to provide health care services under their out-of-state license at a Maryland health care facility subject to certain conditions, including application for a temporary license; requiring licensing boards to expedite issuance of such temporary licenses which expire on the date that state of emergency expires and the date the catastrophic health emergency expires; allowing inactive licensees to practice under their license without reactivating it subject to certain conditions; and expanding the scope of practice of health care practitioners subject to certain conditions. Governor’s Executive Order extending occupational licenses that would expire during the declared State of Emergency to the 30th day after the date which the State of Emergency is Enacted legislation COVID-19 Public Health Emergency Act of 2020, which, among other things, establishes or waives telehealth protocols. Executive Order 20-04-01-01 authorizing the Secretary of Health to authorize a health care practitioner to deliver health care services via telehealth and audio-only calls or conversations provided the services delivered are clinically appropriate and within the scope of practice of the health care provider and that the health care provider is licensed to provide the services in the state, complies with applicable standards of practice, documents the use of telehealth as a service delivery using the same documentation standards as an in-person visit, and, for audio-only calls, can interact with the patient at the time the service is delivered. to provide rate increase for direct care workers; waiver approved in January 2021 includes new opportunities for self-direction and extends the end date of the Appendix K waivers. Private Insurance: Insurance bulletin 20-36 extending the emergency regulations activated in Bulletin 20-05 (encourages the use of telehealth services) and some activated in Bulletin 20-06 until the emergency declaration is over or a subsequent Bulletin is issued deactivating the pertinent regulations. Medicaid: On March 26, the federal government granted an 1135 waiver, with subsequent waivers addressing telehealth in the home and targeted case management. Time-limited Medicaid state plan amendment to respond to COVID-19 waiving cost-sharing for testing and treatment; subsequent SPA including flexibilities in the autism waiver and waiver for adults with brain injury and expanding access to remote patient monitoring.</td>
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| Board statement on the use of telehealth during the COVID-19 pandemic | Department of Health memorandum #1: temporary expansion of Medicaid Regulations to Permit Delivery of Telehealth Services to the Home.  
Department of Health memorandum #6: temporary expansion of remote patient monitoring services to include all health conditions capable of RPM monitoring, not just those named in regulation.  
Department of Health memorandum #4a: authorizing telephone services during State of Emergency  
Maryland Dept. of Health FAQs on telehealth including links to Medicare, Medicaid, and private insurer’s policies.  
Medicaid FAQs on telehealth includes the following:  
**Are all services available by telehealth audio only?**  
A provider can perform clinical evaluations, refer a patient to health care services, provide treatment, and issue most prescriptions. However, some services are not eligible for audio- or telephone-only telehealth including but not limited to physical therapy services, Early and Periodic Screening, Diagnostic and Treatment (EPSDT) occupational therapy services, and EPSDT speech-language pathology services. | 1915(c) Appendix K waivers granted allowing flexibilities in the home and community based services (HCBS) waiver. Additive waivers approved in September, October, and December. Approval granted in January 2020 to extend the end date of the Appendix K waivers.  
**MA Governor’s Executive Order Extending the Registration of Certain Health Care Professionals, Executive Order 41** rescinded this Executive Order as of July 10. All licensees with a license that is scheduled to expire between March 10 and July 10 now expire on October 1. A license scheduled to expire on or |  
| **MA Governor’s Executive Order Extending the Registration of Certain Health Care Professionals, Executive Order 41** rescinded this Executive Order as of July 10. All licensees with a license that is scheduled to expire between March 10 and July 10 now expire on October 1. A license scheduled to expire on or |  
| **MassHealth will permit qualified providers to deliver appropriate, medically necessary covered services to recipients via telehealth. Will remain in effect for the duration of the state of emergency.**  
As per Governor’s order, the Group Insurance Commission, all Commercial Health Insurers, |  
<p>| <strong>Private insurance:</strong> State-regulated plans must offer testing and treatment without cost sharing; relax prior-authorization and out of network requirements; and promote telehealth. Federal law requires testing without cost sharing, but does not waive cost sharing for coronavirus treatment. State-regulated plans are expected to expedite provider credentialing and suspend |</p>
<table>
<thead>
<tr>
<th>Action</th>
<th>Details</th>
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<tbody>
<tr>
<td>After July 11</td>
<td>Must be renewed on or before its original expiration date.</td>
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**Office of Human Services Order** authorizing the issuance of a Massachusetts license to a health care provider who is licensed in another state and authorizing the provision of services in-person or over state lines into Massachusetts and requiring the automatic renewal or reactivation, upon the licensee’s request, of a Massachusetts health care provider license that was held by the licensee within the last 10 years and was not revoked, suspended, or surrendered. Issued April 3.

**Blue Cross and Blue Shield of MA, and Health Maintenance Organizations regulated by the Division of Insurance** are required to allow all in-network providers to deliver clinically appropriate, medically necessary covered services to members via telehealth.

**Department of Insurance bulletin** with guidance on implementing the Governor’s order.

**MassHealth Managed Care Bulletin 46** updating the MassHealth telehealth policy requirements for Accountable Care Partnership Plans (ACPPs), Managed Care Organizations (MCOs), One Care Plans, Senior Care Organizations (SCOs), and the behavioral health vendor as well as for organizations in the PACE program. This bulletin also extends the current telehealth policy in this bulletin and in All Provider Bulletin 303 through March 31, 2021.

**MassHealth All Provider Bulletin 303** (November 2020) updating the MassHealth telehealth policy. This bulletin largely supersedes previously issued **All Provider Bulletin 298** with a few exceptions.

**COVID-19 Early Intervention Telehealth Guidelines** (scroll down until near the bottom of the page)

**Updated Guidance for HCBS Waiver Providers Delivering Telehealth/Remote Services During the COVID-19 Public Health Emergency**

MassHealth released a series of provider bulletins outlining COVID-19 related flexibilities, including telehealth flexibilities, that are in effect until March 31, 2021. These include flexibilities for MassHealth members receiving therapist services (Therapy Bulletin 15), therapist services (Therapy Bulletin 15), and prior authorization requirements that delay patients moving out of acute care.

**Medicaid**:
- On March 26, the federal government granted an 1135 waiver and a subsequent waiver on May 8. Another 1135 waiver with additional flexibilities granted in June and another in October and another in December.
- **1915(c) Appendix K waiver** granted allowing flexibilities in the home and community based services (HCBS) waiver; subsequent Appendix K waiver approval in June.

Time-limited state plan amendments approved in July regarding prescription drugs and increasing payment rates for Applied Behavioral Analysis, Certain Children and Behavioral Health Initiatives, Early Intervention, Psychologist service rates and SUD Clinic service rates; subsequent amendment eliminating hospital copays and cost sharing for COVID-19 testing and treatment; another SPA to update payment methodologies for acute inpatient and psychiatric inpatient hospital services; and another to update payment methodologies for LTSS and expand the provider types that can order, certify and recertify member's home health care plans.

More COVID-19 state plan amendments approved in January 2021, to pay one-time supplemental payments to chronic disease and rehabilitation inpatient hospitals, and February 2021, to adjust payment levels for some providers.

**MassHealth Early Intervention Bulletin** announcing temporary extension of coverage for Early Intervention services to children who turn
### Michigan

<table>
<thead>
<tr>
<th>Source</th>
<th>Description</th>
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<tbody>
<tr>
<td>LARA Bureau of Professional Licensing Clarification for Licensees</td>
<td>(revised November 16, 2020) regarding licensing and telehealth changes no longer in effect as a result of the rescission of the COVID-19 state of emergency. Additional <a href="#">clarification on exemptions from Michigan licensure</a> (revised November 10, 2020).</td>
</tr>
<tr>
<td>Governor's Executive Order 2020-61</td>
<td>1) authorizes students pursuing licensure as a health care professional in the state to volunteer or work within a health care facility in whatever roles that are necessary to support the facility’s response to the COVID-19 pandemic and are appropriate to the student’s education, training, and experience, as determined by the facility in consultation with the facility’s medical leadership; 2) authorizes out-of-state licensed health care providers to practice in Michigan provided their license is in good standing; 3) suspends laws or regulations, to the extent that Medicaid providers may use telephonic or simultaneous audio and video technology for functions that require in-person communication provided the patient or patient’s legal representative provides verbal or written consent. This temporary policy does not apply to personal care services or other services that support ADLs.</td>
</tr>
<tr>
<td>Department of Health and Human Services Bulletin 20-30</td>
<td>stating that Medicaid providers may use telephonic or simultaneous audio and video technology for functions that require in-person communication provided the patient or patient’s legal representative provides verbal or written consent. This temporary policy does not apply to personal care services or other services that support ADLs.</td>
</tr>
<tr>
<td>Department of Health and Human Services Bulletin 20-09</td>
<td>allowing telemedicine services reimbursable on the current Medicaid fee schedule to be received in a client's home. This Medicaid: 1135 waiver granted in April with a subsequent waiver in September to facilitate telehealth when neither the patient nor practitioner is physically onsite at the clinic. 1915(c) Appendix K waiver granted allowing flexibilities in the home and community based services (HCBS) waiver.</td>
</tr>
<tr>
<td>Medicaid: 1135 waiver granted</td>
<td>in April with a subsequent waiver in September to facilitate telehealth when neither the patient nor practitioner is physically onsite at the clinic.</td>
</tr>
<tr>
<td>Governor Whitmer’s administration expanded telemedicine by allowing Medicaid beneficiaries to receive services in their home.</td>
<td>Additionally, insurance plans announced they will cover and encourage virtual care and telemedicine, as well as waive cost sharing for COVID-19 testing.</td>
</tr>
<tr>
<td>Time-limited Medicaid state plan amendment</td>
<td>to respond to COVID-19, including suspending face-to-face requirements for benefits/services that can be provided via telehealth, including telephonic services, regardless of originating or distant site; subsequent SPAs granted in September, October, and December.</td>
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services in a rehabilitation center (Rehabilitation Center Bulletin 12), durable medical equipment (DME Bulletin 25), or home health services (Home Health Agency Bulletins 60 and 61) on a fee-for-service basis.

three between March 15 and August 31 and who meet other criteria and who are enrolled in MassHealth fee-for-service, Primary Care Clinician plan, or a Primary Care ACO. Coverage for Early Intervention services has also been temporarily extended for certain children enrolled in an MCO or Accountable Care Partnership Plan.

Massachusetts was granted a COVID-related 1115 demonstration waiver, allowing the state to provide geographically targeted services; vary the amount, duration, and scope of services provided to different groups; provide LTSS in alternative settings; make retainer payments for habilitation and personal care; and limit telehealth and mobile testing networks.
it requires the following of a health care professional as a condition of licensure: requiring an exam, to the extent that the exam is cancelled due to the state of emergency; fingerprinting, to the extent that the director of LARA determines that fingerprinting services are substantially unavailable due to pandemic-related closures; and continuing education while the emergency is in effect. Subsequent Executive Order 2020-150 rescinded items 1 and 2 above (Department of Licensing and Regulatory Affairs has announced they will end on August 31), but kept in place item 3 until the end of the state of emergency. Both Executive Orders have been rescinded and are no longer in effect.

Statement from the Michigan OT licensing board regarding continuing education requirements. Previously issued Executive Orders that granted the authority to waive CE requirements are no longer in effect as of October 2, 2020. Licensees renewing after 11:59 pm on October 1, 2020, must have completed all required CE or have requested a waiver as permitted under law.

Governor’s Executive Directive 2020-8 requires autonomous agency heads to consider violations of law including violations of relevant COVID-19 executive orders and epidemic orders as evidence of a lack of suitability for licensing, to the extent permitted by law; requires state department directors and autonomous agency heads to consider noncompliance with a COVID-19 executive order or epidemic order to be presumptive evidence of a “public health hazard” or “imminent and substantial hazard to the public health” and to consider whether the public health, safety, and welfare requires summary bulletin is no longer in effect due to expiration of the declared COVID-19 State of Emergency.

Department of Health and Human Services Bulletin 20-13 expanding telehealth services eligible for reimbursement to include OT services. This bulletin is no longer in effect due to expiration of the declared COVID-19 State of Emergency.

Letter from Dept. of Health and Human Services clarifying the provisions of Executive Order 2020-17 (Temporary restrictions on non-essential medical and dental procedures) encourages clinicians to maximize the use of telehealth when re-opening a health care facility. Executive Order 2020-17 is no longer in effect.

Executive Order 2020-138 authorizes and encourages all health care providers to use telehealth services when medically appropriate and upon obtaining patient consent. This Executive Order is no longer in effect.

Governor Whitmer signed several bills into law that codify pieces of Executive Order 2020-86. HNB 5412 prohibits an insurer from requiring face-to-face contact between a licensed health care provider and patient for services appropriately provided via telemedicine, as determined by the insurer. HNB 5413 prohibits the same requirement from a group or nongroup health care corporation certificate issued or renewed after December 31, 2012. HNB 5415 requires coverage for remote patient monitoring through the state medical assistance program and Healthy Michigan. HNB 5416 requires telemedicine services to be covered under the state medical assistance program and Healthy Michigan if the originating site is an in-home or in-school setting, in addition to another
| Suspension of a license; and requires that if a state department or autonomous agency which becomes aware of a credible complaint of a violation of law by a licensee, including a possible violation of a COVID-19 executive order or epidemic order, the director or agency head must refer the complaint to all relevant licensing authorities, insofar as otherwise consistent with law. | Originating site allowed in the Medicaid provider manual or any established site considered appropriate by the provider. |

**MN**

**Governor’s Executive Order 20-23** authorizes all health-related licensing boards to defer CE requirements until the first reporting cycle following termination of the emergency as well as to accept and process applications for licensure without submission of a full set of fingerprints, provided all information as part of a criminal background check process is submitted.

**Minnesota Board of Occupational Therapy Practice notice**: Attention Full License Applicants! April 1, 2020

New information is available about the current state of the Criminal Background Check process. Please thoroughly review the information sent to the email address the board has on file.

**HF 4556, signed into law by the Governor in April (see section 13)**, gives the Commissioner of Health temporary emergency authority, beginning on the date the Governor declared a state of emergency, temporarily to delay, waive, or modify state laws related to licensing of health care professions including occupational therapy, and temporarily to grant variances on an individual or blanket basis to rules within the Commissioner’s jurisdiction that do not affect the health or safety of persons in a licensed program.

**Memo to Health Insurance Carriers from the Department of Commerce and Department of Health**: urged health carriers to take necessary steps to expand the availability of telemedicine services for their enrollees and eliminate barriers to its use.

**SF 4334** signed into law provides coverage for telemedicine services and includes a patient’s residence as an originating site.

**Private Insurance**: **BCBS of MN** has revised their “televideo consultations/telehealth/telemedicine services” and “telephone calls” reimbursement policies for Commercial and Medicare lines of business to add occupational therapy services.

**Medicaid**: **On March 27, the federal government granted an 1135 waiver and a subsequent waiver on May 8. Another 1135 waiver was granted in November and another in January 2021.**

**1915(c) Appendix K waiver granted** allowing flexibilities in the home and community based services (HCBS) waiver; **subsequent approval** expanding telephonic services and **another increasing rates** for customized living providers; **another Appendix K approval** in June; **two more** in July; **another waiver** in August; and **late, additive waivers** granted in October and December. **Approval granted in January 2021** to revise the list of services that can be delivered remotely and extend the end date of the Appendix K waivers.

**Time-limited Medicaid state plan amendment to respond to COVID-19** including relaxing certain restrictions on telehealth, like lifting the cap on visits per week; subsequent SPAs **expand telehealth for mental health and SUD**; waive cost sharing for testing and treatment and **cover**
AOTA State Affairs Group
February 19, 2021

**new optional group** for COVID testing; **allow the face-to-face contact required** in Early Intensive Development and Behavioral Intervention (EIDBI) services to occur via telehealth; and **allow required home visits** to be conducted remotely in PCA Choice; **subsequent SPA** to implement a rate increase for personal care assistant services.

**Time-limited Medicaid state plan amendment** to respond to COVID-19 adopting less restrictive income methodologies to disregard COVID relief payments from income.

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**MS**

From the Mississippi OT Association:

1. Using FaceTime for supervisory visits will be allowed during this time;
2. The renewal period will not be extended at this time;
3. For allowable CE sources, live webinars are not face-to-face. The face-to-face is 6 hours or 30%, Internet is 7 hours, the other 7 can be non live which is where the webinars come in;
4. Any licensed OT in Mississippi can perform telehealth. Payment for those services is dependent on each third-party payor’s individual policies.

Letter from the MS Department of Health to **MSOTA** answering questions about CE requirements, renewals, and telehealth

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**The Mississippi Division of Medicaid will expand its coverage of telehealth services.**

Medicaid **adopted temporary rule** expanding coverage of remote patient monitoring services for specific chronic conditions during the declared public health emergency. **A permanent rule has been adopted and goes into effect on January 1, 2021.**

**Insurance bulletin directing insurers to take action to increase the use of telemedicine; suspending limits on audio-only consultations; suspending in-network requirements; and covering telehealth on the same basis as in-person services. A subsequent bulletin extended these provisions as long as the Governor’s Emergency Proclamation from March 14 remains in effect.**

**Mississippi Medicaid emergency telehealth policy** that includes OTs as an approved provider type, who may render services to established patients.

**Updated finalized Medicaid rule on telehealth services, effective August 1, 2020.** The updated rule clarifies provisions related to telepresenters.

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**Medicaid:** On March 23, the federal government granted an 1135 waiver and a subsequent waiver with additional flexibilities on June 1.

**1915(c) Appendix K waiver granted** allowing flexibilities in the home and community based services (HCBS) waiver; **second approval related to ID/DD services granted in April; subsequent waivers in July, August, and September. January 2021 approval to extend the end date of the Appendix K waivers.**

**Time-limited Medicaid state plan amendment granted.** A subsequent SPA addresses adult day services, among other flexibilities; another deals with cost sharing for COVID testing and treatment; and another deals with payments to CMHCs.
| MO | **Governor’s Executive Order 20-04** authorizes the Division of Professional Regulation and its Boards to temporarily waive or suspend the operation of any statutory requirement or administrative rule under their purview, upon approval of the Office of the Governor, in order to best serve public health and safety during the period of the emergency and authorizes any executive agency, board, commission, or department to submit a written request to the Office of the Governor to temporarily waive any statutory requirement or administrative rule under their purview in order to best serve public health and safety during the period of the emergency. Such suspensions shall be effective upon written approval by the Office of the Governor. No law or rule suspensions impacting occupational therapy practice have been adopted. *This Executive Order has been extended until March 31, 2021.* |

|  | requires providers to provide the same information during a telehealth visit as would be provided if the visit was performed in person, requiring telehealth equipment to be HIPAA compliant, clarifying that a telehealth visit is not covered by Medicaid if the same service provided via telehealth is not covered in-person, and allowing additional coverage of telehealth services and additional telehealth flexibilities during a state of emergency declared by the Governor or the U.S. President. This rule does not codify the temporary inclusion of OTs as a telehealth provider to established patients. |

|  | The Workers’ Compensation Commission announced a temporary expansion of telemedicine services to include occupational therapists. *This temporary expansion was extended on December 24, 2020.* A permanent rule has also been proposed. |

|  | The Missouri HealthNet Division stated that they will allow any licensed health care provider, enrolled as a MO HealthNet provider, to provide telehealth services if the services are within the scope of practice for which the provider is licensed. |

|  | Health carriers in the state to provide coverage for services provided via telehealth as if the service was provided in person and waiving the requirement that out-of-state providers obtain a license in the state to provide services via telehealth to a patient/client in the state. |

|  | Insurance Bulletin 20-07 requiring health carriers in the state to provide coverage for services provided via telehealth as if the service was provided in person and waiving the requirement that out-of-state providers obtain a license in the state to provide services via telehealth to a patient/client in the state. |

|  | Governor’s Executive Order 20-19 extends flexibilities in telemedicine until March 31, 2021. |

|  | Missouri Consolidated Health Care Plan issued a series of emergency rules that add 100% coverage of virtual visits offered through the vendor’s telehealth tool for the State Medicaid. |

|  | The Department of Social Services has issued an order allowing any licensed healthcare provider in the United States to provide telemedicine or telehealth services. |

|  | Time-limited Medicaid state plan amendment approved. Subsequent SPA allowing flexibilities in home health services among other changes and third SPA permitting case monitoring for developmental disabilities via telephone. *Later SPA* regarding applied behavior analysis credentials. |

|  | CHIP state plan amendment approved |

|  | On March 25, the federal government granted an 1135 waiver. |

|  | On May 14, the federal government granted an 1135 waiver. |
| MT | Application information for interstate licensure registration |
|    | COVID-19 Information for Professional and Occupational Licensees, including re-opening information; emergency health care registration; temporary permits; options for individuals with lapsed, expired, or inactive licenses; and guidance on providing and billing for telehealth services. |
|    | Proposed rule amendment that would authorize registered out-of-state volunteer professionals to accept remuneration for services provided during a state of emergency or disaster and exempting such volunteer professionals from Montana CE requirements. Rule has been adopted and went into effect on July 25. |
|    | OT Licensing Board FAQs on continuing education, application for licensure, and telehealth (updated March 27). Note that the Board decided at its May 13 meeting that telehealth is a permissible method of delivering OT services. |

Membership [750 Plan](#) and [1250 Plan](#), for the Public Entity [750 Plan](#) and [1250 Plan](#), and for [State Membership Health Savings Accounts](#) and [Public Entity Health Savings Accounts](#). The rules also increase the out-of-pocket maximum for both Health Savings Accounts to $8550. The emergency rules are effective until June 29, 2021.

1915(c) Appendix K waiver granted allowing flexibilities in the home and community based services (HCBS) waiver; subsequent waiver allowing non-face-to-face evaluations, assessments, and person centered planning; and another approval allowing point in time participation caps in certain waivers. **January 2021 approval** extending the end date of the Appendix K waivers.

All Montana Medicaid covered services delivered via telemedicine/telehealth are reimbursable so long as such services are (a) medically necessary and clinically appropriate for delivery via telemedicine/telehealth, (b) comport with the guidelines set forth in the applicable Montana Medicaid provider manual, and (c) are not a service specifically required to be face-to-face as defined in the provider manual.

**Directive from the Governor to commercial health insurers, health plan sponsors, and health care providers:**
1) expanding the use of telehealth technology to include secure portal messaging, secure instant messaging, telephone conversations, or audio-visual conversations provided health care practitioners ensure that patients have the same rights to confidentiality and security as provided in regular office visits and consent and patient protocols are consistent with those for in-person visits; 2) waiving the requirement that an existing patient-provider relationship be established to provide telehealth services; 3) requiring parity between telemedicine and in-person services; and 4) authorizing any health care professionals, including OTs, licensed in Montana to provide services via telehealth.

**Private Insurance:** BCBS of Montana, Pacific Source Health Plans, Montana Health CO-OP, and Allegiance Life & Health Insurance Company have voluntarily expanded their telehealth services.

**Medicaid:** On March 30, the federal government granted an 1135 waiver. A subsequent waiver with additional flexibilities granted in June; and another waiver, regarding timeframes for functional needs assessments and reassessments, in November.

1915(c) Appendix K waiver granted allowing flexibilities in the home and community based services (HCBS) waiver; subsequent Appendix K waiver approval in June followed by two others in December.

**Time-limited Medicaid state plan amendment granted** allowing use of telehealth in lieu of face-to-face when appropriate; subsequent SPA to reinstate the reimbursement methodology for school-based rehabilitation service Comprehensive School and Community Treatment that was approved through December 31, 2019, for the time period March 1, 2020, through June 30, 2020.

**CHIP state plan amendment approved**
At its public meeting on May 13, the OT Practice Board voted to adopt advice provided by the Department of Labor and Industry Business Standards Division that telehealth is an alternative delivery method within the state OT scope of practice. This allows licensees to provide services via telehealth once the Governor’s directive expires provided the licensee has determined, in their professional judgment, that it is safe to provide OT services to a client via telehealth. See Board statement on telehealth here.

**Governor’s directive expanding telehealth**

AOTA staff have confirmed that under this order licensed OTs and OTAs are able to provide services via telehealth in Montana while the directive is in effect.

**Governor’s Executive Order 20-37** temporarily suspends the provisions of the Uniform Credentialing Act and related regulations requiring that applicants for a credential successfully complete an exam prior to obtaining the credential to permit persons to obtain a provisional credential which remains active pending exam results or until 30 days after the lifting of the state of emergency, whichever is sooner, provided the applicant has completed all other requirements for licensure and registers to take the exam, but is unable to due to the lack of approved online testing or limited availability of in-person testing slots; temporarily defers provisions of the Uniform Credentialing Act and related regulations requiring credential holders or students seeking credentials complete courses or training or take exams in person until 30 days after the lifting of the state of emergency to permit education, training, and testing to continue using electronic or remote technology where possible; and temporarily defers the provisions of the Uniform Department of Health and Human Services released FAQs on Medicaid and Long term care services during the COVID-19 emergency, including FAQs clarifying providing occupational therapy services.

**Department of Insurance Notice** that health care providers are not required to obtain a patient’s signature on a written agreement prior to providing telehealth services for the duration of the Governor’s declared State of Emergency.

**Medicaid Provider Bulletin 20-09** regarding temporary expansion of billable telehealth services to include PT, OT, and speech therapy services provided via telehealth.

**Nebraska Department of Insurance survey responses** from private payers on telehealth policies

**Statewide Medicaid Telehealth COVID-19 FAQs:** OT and PT services are allowed to be

**Medicaid:** Nebraska Medicaid is temporarily modifying certain policies and expanding coverage to include additional forms of clinical services.

**On April 2, the federal government granted an 1135 waiver. A subsequent waiver was granted on May 8.**

**1915(c) Appendix K waiver** granted allowing flexibilities in the home and community based services (HCBS) waiver; subsequent waivers modifying payment for assisted living facilities; and extending the duration of the pandemic-related flexibilities.

**Time-limited Medicaid state plan amendment granted.** Subsequent SPA allowing home health to be ordered by NPs, PAs, CNSs, CNMs, and other changes; another SPA establishing an additional $20/day payment per beneficiary for nursing facilities.
| NV | \begin{itemize} 
|\item At its public meeting on April 4, 2020, the Board voted on two emergency actions: 1) to implement a temporary license by endorsement process so out-of-state licensed OTs and OTAs can provide services in Nevada for up to 6 months without taking the Board’s jurisprudence exam; initial licensee fee would be waived if the temporary license expires after 6 months; and 2) to defer license renewal fees for 60 days for licenses renewed after June 30, 2020 through September 30, 2020 and until September 30, 2020 for licenses renewed prior to June 30, 2020. Deferral of renewal fees expired on September 30. **See here for all Board-related COVID-19 updates.**

\item **Governor’s Declaration of Emergency Directive 009** establishing that all licenses and permits issued by the State of Nevada that expire or are set to expire during the period the Declaration of Emergency is in effect shall be extended for a period of 90 days from the current expiration date, or 90 days from the date the state of emergency is terminated, whichever is later, if reduced government operations due to the state | \begin{itemize} 
|\item Credentialing Act and related regulations requiring persons seeking credentials complete work or training with an onsite supervisor with face-to-face or direct supervision or under any type of practice agreement until 30 days after the lifting of the state of emergency to permit supervisors to provide remote supervision if the supervisor determines it appropriate. This order remains in effect until 30 days after the lifting of the state of emergency.

\item **FAQs on Continuing Competency Waiver**

\item **Credentialing Act and related regulations requiring persons seeking credentials complete work or training with an onsite supervisor with face-to-face or direct supervision or under any type of practice agreement until 30 days after the lifting of the state of emergency to permit supervisors to provide remote supervision if the supervisor determines it appropriate. This order remains in effect until 30 days after the lifting of the state of emergency.**

\item **OT Board announcement that telehealth practice is allowable by a licensed practitioner.**

At its January 16, 2021, public meeting, the Board of Occupational Therapy voted to propose a new regulation on telehealth requirements for practice that apply to OTs and OTAs.

\item **Department of Health and Human Services released an update to their telehealth services amid COVID-19 allowing for physical therapy, occupational therapy, and speech therapy via telehealth.** Subsequent memos were published for home health agencies and for Certified Community Behavioral Health Centers.

\item **Department of Health and Human Services Telehealth Resource Guide (posted March 18)**

\item **Medicaid FAQs on COVID-19:**

**QUESTION:** Is telehealth a covered service for COVID-19?

**ANSWER:** Yes, telehealth is currently an allowable Medicaid service. Providers must diagnose and treat within the scope of practice.

\item **Medicaid:** NV Medicaid has released guidelines on telehealth billing

1135 waiver granted; subsequent waiver with additional flexibilities approved in December.

Time-limited Medicaid state plan amendment granted

CHIP state plan amendment approved

1915(c) Appendix K waivers granted allowing flexibilities in the home and community based services (HCBS) waiver; subsequent approval in January 2021 extending the duration of the pandemic-related flexibilities.

\item **Private Insurance:** [BCBS NE](https://www.bcbsne.com) will allow for physical, speech, and occupational therapy services to be provided via telehealth.

\item **Medicaid:** NV Medicaid has released guidelines on telehealth billing

1135 waiver granted; subsequent waiver with additional flexibilities approved in December.

Time-limited Medicaid state plan amendment granted

CHIP state plan amendment approved

1915(c) Appendix K waivers granted allowing flexibilities in the home and community based services (HCBS) waiver; subsequent approval in January 2021 extending the duration of the pandemic-related flexibilities.

\item **Private Insurance:** Emergency regulation from the Commissioner of Insurance that 1) prohibits cost sharing or medical management to restrict access to screening, testing, or a vaccine for COVID-19; 2) requires health insurers to provide to each insured individual and provider of health care who participates in the insurer’s network information on available benefits, options for

\end{itemize} |
of emergency makes timely renewal of the license or permit impracticable or impossible.

**OT Board announcement** that telehealth practice is allowable by a licensed practitioner.

New developments using this service delivery model are posted at dhcfp.nv.gov/COVID19 under the Provider links. More information about telehealth coverage is available in the Medicaid Services Manual (MSM) Chapter 3400.

**QUESTION:** Is a telehealth visit covered if the patient participates from their home?

**ANSWER:** Yes, the distant site (where the provider is located) is covered even when the patient participates from home. When the patient participates from home, there is no reimbursement for a facility fee.

**Medicaid:** On March 23, the federal government granted an 1135 waiver; a subsequent waiver granting additional flexibilities was granted on May 26 and another on June 26.

New Hampshire was granted a COVID-related 1115 demonstration waiver, allowing for retainer payments for personal care services.

**1915(c) Appendix K waiver granted** allowing flexibilities in the home and community based services (HCBS) waiver; January 2021 approval extending the end date of the previously approved waiver.

**Time-limited Medicaid state plan amendment** to respond to COVID-19 covering the new optional group for COVID testing; subsequent waiver barring cost sharing for COVID-related treatment; and another regarding pharmacy and COVID testing and vaccine administration.

**Emergency Order #30** requiring all insurance carriers regulated by the state, all health benefit plans, and all MCOs covering New Hampshire residents to consider all medically necessary, covered Alternative Care Sites (ACS) or...
active, subject to certain conditions. The OPLC is also authorized to issue an emergency license to any medical provider previously licensed in another jurisdiction within the last 3 years whose license is no longer active, subject to certain conditions. According to OPLC, any health care professional who is not licensed in New Hampshire and has a current license in good standing in another jurisdiction is also eligible for an emergency license.

<table>
<thead>
<tr>
<th>NJ</th>
<th>Division of Consumer Affairs announcement of expedited licensure reciprocity for health care professionals, including OTs.</th>
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<tbody>
<tr>
<td></td>
<td>Announcement of waiver of criminal background check and fee requirement for licensure for occupational therapists</td>
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<td>Administrative Order and Notice of Rule Waiver from the Dept. of Consumer Affairs: Waives the supervision rule that requires face-to-face close, routine, or general supervision for OTAs who have practiced full time for more than 1 year. Supervision may instead be provided via telephonic or other two-way, real-time communication methods with a voice component. Waiver expires when the state of emergency or public health emergency declared by the Governor’s Executive Order ends, whichever is later.</td>
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<td>Governor’s Executive Order 112 authorizing the Dept. of Consumer Affairs to reactivate for the duration of the state of emergency or public health emergency, whichever is longer, the license of any health care professional previously licensed to practice in the state who retired from active practice within the last 5 years and who applies to DCA and who is approved by the appropriate licensing board and</td>
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<td>Governor Murphy signed legislation to expand access to telehealth services.</td>
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<td>Insurance Bulletin 20-07: Use of Telemedicine and Telehealth to Respond to the COVID-19 Pandemic</td>
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<td>Medicaid Newsletter: Temporary Telehealth Guidelines, including authorizing licensing boards to expedite licensure of out-of-state licensed health care providers (published March 21).</td>
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<td>Temporary rule adopted by the Department of Education that allows services defined as “related services” (which includes OT services), to be provided to a student with a disability via telehealth during the declared State of Emergency</td>
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<td>Department of Consumer Affairs telehealth FAQs (updated October 30, 2020)</td>
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<td>Department of Consumer Affairs Notice of Rule Waiver/Suspension of specific telehealth rules as a result of Executive Order 103 (issued March 9), which authorizes the head of any state agency with authority to promulgate rules to waive, suspend, or modify any existing rule whose enforcement would be detrimental to the</td>
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<td>NJ</td>
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<tr>
<td></td>
<td>CHIP state plan amendment approved</td>
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<td>Time-limited Medicaid state plan amendment to respond to COVID-19 includes telehealth changes: Medicaid will reimburse for any service provided via telehealth and associated telecommunication at the same rate that would be paid had the service been provided in-person. No specific prior authorization is required based on telehealth modality. Documentation requirements and licensure standards remain unchanged.</td>
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<td>NM</td>
<td>Governor’s Executive Order 2020-004 authorizing credentialing of out-of-state professionals by the Department of Health and the Department of Homeland Security, in accordance with state law, who can render aid and necessary services during the state of emergency. The state of emergency has been renewed until March 5, 2021.</td>
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| NY    | NYSED Department of the Professions FAQs | on continuing education requirements, professional licensing and/or registration, and occupational therapy-specific questions on telehealth and pre-license supervised experience.  
 **Executive Order** 202.10 authorizing any health care facility to allow students, in programs to become licensed in New York State to practice as a healthcare professional, to volunteer at the healthcare facility for educational credit as if the student had secured a placement under a clinical affiliation agreement, without entering into any such clinical affiliation agreement.  
 **Board of Regents announcement of adoption of emergency rules** to excuse continuous experience requirements in Regulation 76.2(b) where such continuous experience cannot be completed due to the State of Emergency.  
 | New York State Office of the Professions COVID-19 FAQs for occupational therapy, including notice that OTs and OTAs may provide services via telehealth, OTAs may only do so during the State of Emergency.  
 **Additional telepractice guidance may be found here** as well as a Telepractice Memo from the NYSED.  
 | Private insurance: Insurance circular letter to plans regulated by the state regarding testing; instructing plans to develop robust telehealth programs; directing them to verify that their provider networks are appropriate and offer out-of-network care when they are not; to provide a vaccine without cost sharing when available; and several other measures to promote access to care.  
 | Medicaid: On March 26, the federal government granted an 1135 waiver.  
 **1915(c) Appendix K waiver granted** allowing flexibilities in the home and community based services (HCBS) waiver; subsequent Appendix K addressed nursing home transition and TBI rules; subsequent Appendix K waiver approval |
<p>| NC | OT Board announcement on continuing education: for the renewal period ending June 30, 2020, all OT practitioners may renew based on the continuing competence activities he or she has completed; renewal deadline has not been extended. Any continuing competence activity, including ethics, that was not completed on the June 30, 2020, renewal will be required for the June 30, 2021, renewal in addition to the continuing competence activity requirements for the 2021 renewal. Executive Order 130 authorizes 1) licensing boards to waive or modify enforcement of rules that would impair out-of-state licensees from delivered in person. Both of these emergency regulations have been extended until March 5, 2021. New York Department of Health put out a comprehensive guidance regarding use of telehealth including telephonic services during the COVID-19 state of emergency—the guidance is intended to provide broad expansion for the ability of all Medicaid providers in all situations to use a wide variety of communication methods. Department of Health Bureau of Early Intervention stated that OTAs can provide telehealth services during the declared state of emergency. Workers’ Compensation Board emergency rule allowing OTs to provide care via telemedicine and to bill for services provided via telemedicine, using two-way audio and visual electronic communication, where medically appropriate. This rule has been extended and expires on April 11, 2021. | NC Medicaid is offering reimbursement for virtual patient communication and telephonic evaluation and management for the following beneficiaries seeking care where they are already an established patient: 1) beneficiaries actively experiencing mild symptoms of COVID-19; 2) beneficiaries who need routine, uncomplicated follow up and are not experiencing symptoms; 3) beneficiaries requiring behavioral health assessment and management. NC Medicaid temporarily modified its Telemedicine and Telepsychiatry Clinical Coverage Policy to provide guidance for Press release from NC Medicaid announcing temporary 5% increase in fee-for-service reimbursement rates for occupational therapists and other providers. On March 23, the federal government granted an 1135 waiver. Subsequent waiver extends prior authorizations, HCBS level of care determinations, home health face-to-face encounters, and allows clinic services provided by telehealth. Medicaid: Certain policy conditions have been modified, and coverage has expanded to include additional forms of clinical services. |</p>
<table>
<thead>
<tr>
<th>State</th>
<th>Executive Order</th>
<th>Summary</th>
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<tr>
<td>ND</td>
<td>Governor’s Executive Order 2020-05.1: Temporarily suspends licensure requirements for licensed health care providers in the state, including OTs and OTAs, and OTs and OTAs licensed in good standing in other states seeking to provide service via telehealth to residents of the state.</td>
<td>In order to expand health care and behavioral health services, the order states that insurance carriers cannot subject telehealth coverage to deductible, coinsurance, copayment, or other cost-sharing provisions. Carriers are also prevented from imposing any specific requirements on the technologies used to deliver telehealth. The order allows the North Dakota Insurance Commissioner to issue guidance on implementing the requirements.</td>
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<td>Medicaid: North Dakota Medicaid COVID-19 temporary telehealth policy (3/25) guidance</td>
<td>On March 24, the federal government granted an 1135 waiver; a subsequent waiver granting additional flexibilities was granted on May 22.</td>
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<td>CHIP state plan amendment approved</td>
<td>1915(c) Appendix K waiver granted allowing flexibilities in the home and community based services (HCBS) waiver; subsequent approval for home delivered meals, relatives providing certain supports, and other changes; another approval in July; and later waivers allowing more changes like telephonic case management and respite during school hours during periods of remote learning. Follow-up waiver in December.</td>
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<td>Time-limited Medicaid state plan amendment to respond to COVID-19 allowing targeted rate increases including 5% rate increase for OT and other therapy services; a subsequent SPA incl. additional rate increase for SNFs, PCS providers, and Home Health; and two more follow-up SPAs (here and here). Additional time-limited SPA granted in January 2021.</td>
<td>North Carolina was granted a COVID-related 1115 demonstration waiver, allowing the state to provide geographically targeted services; vary the amount, duration, and scope of services provided to different groups; and make other changes to LTSS policies.</td>
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<td>1915(c) Appendix K waiver granted allowing flexibilities in the home and community based services (HCBS) waiver; subsequent approval for home delivered meals, relatives providing certain supports, and other changes; another approval in July; and later waivers allowing more changes like telephonic case management and respite during school hours during periods of remote learning. Follow-up waiver in December.</td>
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- practicing in the state, retired or inactive licensees from practicing in the state, skilled but unlicensed volunteers from providing care, and students at an appropriately advanced stage of professional study from providing care; and 2) the state OT board to waive the regulations on admission and licensure for the practice of OT. Any actions taken by the OT Board as a result of this Executive Order will be reported. The Governor issued a subsequent Executive Order extending the above provisions until May 10, 2021, and allowing for out-of-state licensees, retired or inactive licensees, skilled but unlicensed volunteers, and students at an appropriately advanced stage of professional study to administer FDA-authorized COVID-19 vaccinations.

- Board posted on May 6 that, as a result of Executive Order 130, it voted to 1) allow OT practitioners licensed in other states to provide OT services in NC as long as the practitioner completes the waiver form provided by the Board and is approved, and 2) to allow OT practitioners previously licensed in North Carolina and whose licenses were in good standing, but have been expired for less than 4 years to provide OT services in the state as long as the waiver form is completed and approved.

- NC Medicaid bulletin #34 provides guidance on how to utilize codes for teletherapy claims.

- outpatient specialized therapies (physical therapy, occupational therapy, speech language therapy, and audiology) that can be now be delivered via telehealth.

- Time-limited Medicaid state plan amendment to respond to COVID-19 allowing targeted rate increases including 5% rate increase for OT and other therapy services; a subsequent SPA incl. additional rate increase for SNFs, PCS providers, and Home Health; and two more follow-up SPAs (here and here). Additional time-limited SPA granted in January 2021. |
| OH | **Board website notice** (posted November 30, 2020): LICENSE RENEWALS: Recent legislation, House Bill 404, has extended the deadline for expiration of all licenses issued by the state of Ohio due to expire by April 1, 2021, to July 1, 2021. As a result, the expiration dates have been adjusted to July 1, 2021, in the Ohio eLicense system. Although the deadline to renew has been extended, the OTPTAT Board encourages you to move forward with renewal as soon as possible, as maintenance of your license is an important professional responsibility. The deadline for completion of your required continuing education is unchanged. Renewing by January 31, 2021, based on the same schedule that has been in place for many years will reduce the risk of an accidental lapse in licensure and ensure that you can easily stay on track with your continuing education requirement timeline. If you do not wish to renew your license, no further action is required from you at this time. However, you will continue to receive renewal reminders since your expiration date is approaching. Simply ignore these reminders if you do NOT wish to renew. For OTAs and ATs: Recent legislation, House Bill 404, has again extended the deadline for expiration of all licenses issued by the state of Ohio until July 1, 2021. As a result, the expiration date for all OTA and AT licenses has | Insurance Department released **Bulletin 2020-3** in response to Executive Order 2020-05.1 requiring health insurers to relax guidelines under HIPAA consistent with CMS guidance and requires insurance carriers to start or continue to provide covered services via telehealth visits, including occupational therapy plan evaluation. | **Time-limited Medicaid state plan amendment to respond to COVID-19.** Subsequent SPA granted in November and another in January 2021. |
| Proposed permanent rule allowing OTs and OTAs to be eligible providers of telehealth services under Medicaid, but allowing only OTs to bill for such services went into effect in November, 2020. **Department of Medicaid COVID emergency telehealth information webpage**, including its Unified Telehealth Policy, a provider resource guide, and billing guidelines. **Ohio OTPTAT Board statement on telehealth** October 2020 Board newsletter including guidance on telehealth | Private insurance: **Department of Insurance Bulletin on coverage of COVID-19 testing and treatment** as an emergency medical condition. **Medicaid:** 1135 waiver granted on April 22, and another granted on May 28. **Time-limited Medicaid state plan amendment** to respond to COVID-19 authorizing use of telephonic or other substitutes for in-person or face-to-face requirements, suspending cost sharing, and other changes. 1915(c) Appendix K waivers granted allowing flexibilities in the home and community based services (HCBS) waiver. **January 2021 approval** extending the end date for previously approved Appendix K waivers. |
been adjusted to July 1, 2021, in the Ohio eLicense system.

Although the deadline to renew has been extended, we encourage you to move forward with renewal as soon as possible, as maintenance of your licensure is a critical professional responsibility. The deadline for completion of your required continuing education is unchanged—June 30, 2020, for occupational therapy assistants and September 30, 2020, for athletic trainers.

For OTAs: You must have completed twenty hours between July 1, 2018–June 30, 2020, including one hour of ethics, jurisprudence, or cultural competence, according to your practice act. The online renewal jurisprudence exam fulfills the ethics requirement: https://otptat.ohio.gov/Occupational-Therapy/OT-Jurisprudence-Exam. If you renew your license without having completed your CE by June 30, you are out of compliance. If you are audited, you will have to submit an explanation which will be considered by the OT Section of the Board, and you may be subject to discipline. If you believe you qualify for a waiver due to hardship (see rule 4755-9-02), you may do so by logging into eLicense Ohio and choosing the option to request a CE waiver on your license record.

Effective immediately and only as long as the national emergency surrounding COVID-19 exists, OHCA will allow certain PT and OT services to be rendered via telehealth when appropriate. Providers are encouraged to create internal policies and procedures regarding the use of telehealth.

Insurance bulletin 2020-02 encouraging HMOs and health insurers to 1) waive cost-sharing for

**Medicaid:** On March 24, the federal government granted an 1135 waiver. Subsequent waivers with additional flexibilities granted in June.

1915(c) Appendix K waivers granted allowing flexibilities in the home and community based services (HCBS) waiver; subsequent waivers granted in June, August, October, and December. January 2021 approval extending
provided the applicant’s license is in good standing, issue a temporary license to practice in the state.

**Oklahoma Medical Board COVID-19 Pandemic Emergency Rules** in effect from April 21, 2020 until Governor’s Executive Order 2020-13 or a succeeding Executive Order related to the COVID-19 pandemic expires. Temporary rules include a temporary waiver of application and licensure fees for temporary licensure applicants under the Emergency Management Compact and who are licensed in good standing in another US state or territory and a rule allowing OTs to utilize telehealth or telemedicine for follow-up care on current patients or clients to the extent not already allowed by applicable law or practice act.

COVID-19 tests, 2) review telehealth programs to ensure they will be able to meet demand, and 3) waive telehealth copayments. **Executive Order 2020-20, as amended for the ninth time,** required that telemedicine should be used to maximum potential and shall be allowed for non-established patients for the purposes of the COVID-19 response. This order was in effect until February 12, 2020. Subsequent Executive Order 2021-07 extended the state of emergency, but did not include a provision related to telehealth.

**OHCA SoonerCare expanded use of telehealth and telephonic services** for health care services that can safely be provided via secure telehealth communication devices for all SoonerCare members during the COVID-19 national and state emergency through January 31, 2021. Because the federal public health emergency has been extended, **OHCA announced** that expanded use of telehealth for most SoonerCare services will continue through April 30, 2021.

**OR**

**Occupational Therapy Licensing Board COVID-19 Updates and Information** with links to information about vaccines, Governor’s Executive Orders, re-opening guidance, mask guidance, parameters within with OTs and OTAs can work as assistants for respiratory therapists, telehealth information, and links to AOTA free continuing education.

Proposed **temporary rule** requiring Oregon OT practitioners to comply with the Governor’s Executive Orders during a declared emergency. Rule lapsed on February 5, 2021. The OT Licensing Board will consider adopting it as a permanent rule at a future meeting.

**Oregon Health Authority updated temporary emergency rule** related to telemedicine services generally. **State has come to an agreement** with several health insurance companies to continue providing expanded telehealth opportunities through at least December 31, 2020. **This temporary rule has been permanently adopted and went into effect on September 11.** The OHA has adopted a new rule that repeals and replaces the current rule – the rule goes into effect on January 1. The new rule allows for synchronous and asynchronous telehealth technology; requires telehealth services to be medically and clinically appropriate for covered conditions for patients where an established relationship exists between provider and patient, the end date for previously approved Appendix K waivers.

**Medicaid:** Oregon Medicaid COVID-19 Provider Guide, including telehealth coverage and billing information for OT services provided via telehealth (updated February 12, 2021).

**On March 25, the federal government granted an 1135 waiver; a subsequent waiver** addressed personal assistant services. Additional waivers addressed **attendant services** and the **home health face-to-face encounter.**

**Time-limited Medicaid state plan amendment granted; subsequent waiver** granted approval in June with changes including adjustment of payment rates for certain services and

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AOTA State Affairs Group
February 19, 2021
Proposed temporary rule waiving the training requirements for an individual formerly licensed as a health care provider and who registers to provide emergency health care services during an emergency. Temporary rule expires on July 20, 2021. To be reimbursed at the same rate as in-person services and to be culturally and linguistically appropriate; requires telehealth providers to be enrolled with OHA, to provide telehealth services within their Board’s scope of practice, and to obtain informed consent from the patient to receive telehealth services.

Oregon Health Authority temporary emergency rule directing contracted Coordinated Care Organizations to reimburse their contracted physical and behavioral health providers at the same rate for telemedicine and telehealth services as they would for in-person. A permanent rule to keep this policy in place after the state of emergency has been adopted and went into effect on September 10. OHA has proposed a substantial revision to this rule that expands the types of covered telehealth technologies to include asynchronous technology, establishes specific requirements for the provision of and reimbursement of services provided via telehealth for the CCO’s network providers, and authorizing flexibility in enforcing these rules in the event of a state of emergency. Rule has been adopted and goes into effect on January 1, 2021.

Oregon Health Authority temporary emergency rule that authorizes reimbursement for occupational therapy services provided via telehealth to a Medicaid-eligible child under an IEP or IFSP. A permanent rule has been adopted and went into effect on October 5.

Proposed permanent rule stating that all Medicaid rules deemed inconsistent by the Oregon Health Authority with certain CMS waivers related to COVID-19 and all emergency orders or declarations issued by the Governor or OHA related to COVID-19 are suspended. Rule providers; another SPA adding provider types and making payment rate changes for certain home and community based services. Further amendments (here and here), incl. allowing retainer payments for attendant care and services promoting the skills to accomplish ADLs and IADLs; and another to reimburse providers for interpreters. Additional COVID-related SPA granted in January 2021 regarding payment rates for Tribal 638 and Urban Indian Health programs.

1915(c) Appendix K waiver granted allowing flexibilities in the home and community based services (HCBS) waiver; subsequent Appendix K waiver approval in June.

CHIP state plan amendment approved
| **PA** | Department of State announcement of regulatory suspensions, including waiver of certain requirements to reactivate an OT or OTA license that has been expired for 4 years or less and temporary suspension of certain supervision requirements. Department of State announcement of automatic extension of temporary licenses for OTs and OTAs that were valid as of March 6, 2020, and any temporary license issued during the COVID-19 emergency. Such licenses shall expire no earlier than 90 days following the end of the emergency. BPOA COVID-19 FAQs regarding the processing of licensing applications, essential businesses, and testing and background checks for licensure. |
| **Department of State** | Department of State announcement of regulatory suspensions, including authorization of licensed health care providers, including OTs and OTAs, to provide services via telehealth and allowing licensed out-of-state providers to provide services via telehealth. Medical Assistance COVID-19 Coverage FAQs, including about telehealth and telemedicine Medicaid program issued guidance allowing telemedicine to be provided and billed for payment when delivered via the School-based ACCESS program for counseling and for occupational, physical, and speech therapy. Governor Wolf issued “Cross-Agency Telehealth Guidance” which outlines the use of telemedicine in the state. |
| **Medicaid** | On March 27, the federal government granted an 1135 waiver. A subsequent waiver with additional flexibilities granted in June; another in July allowing waiver services in alternative settings; and a fourth in October. 1915(c) Appendix K waiver granted allowing flexibilities in the home and community based services (HCBS) waiver; subsequent Appendix K waiver approvals in June, July, and August, incl. expanding settings where residential and day habilitation can be provided, among other changes. Another, in December, provides for adult day services in alternate settings and through telehealth. Approval in January 2021 extends the end date of a previously approved waiver. CHIP state plan amendment approved |
| **Expansion of OT Scope of Practice to Provide Assistance in Responding to COVID-19**: As a result of a [Governor’s Executive Order](#) (issued May 6), the scope of practice for occupational therapists has been expanded for the duration of the disaster emergency to include the performance of skills that OTs are trained for but in settings and under circumstances that are outside their normal scope of practice. |
| RI | No updates at this time. |

**Time-limited Medicaid state plan amendment granted**

**Executive Order 20-06** requires clinically appropriate medically necessary telemedicine services delivered by in-network providers to be reimbursed at rates not lower than services delivered through in-person methods. Requires insurance carriers to establish reasonable requirements for the coverage of such services. [This Executive Order has been extended until February 25, 2021.](#)

**Insurance Bulletin 2020-01** requiring insurance carriers to permit in-network providers to deliver clinically appropriate, medically necessary care, including occupational therapy, via telemedicine to covered members and outlining billing and reimbursement requirements for telemedicine services.

[Website with link to Telemedicine Insurer Grid (Excel document)](#)

**Office of Health Insurance Commissioner newsletter from July/August 2020** announcing Governor’s proposal to amend the state’s Telemedicine Act to allow many of the COVID-19 related policies to stay in place until June 30, 2021, and requires a review of telemedicine data, best practices, and recommendations to be submitted to the state legislature by December 31, 2020. The OHIC formed a [subcommittee](#) that met throughout 2020 and was in charge of putting together a draft report.

**Medicaid**: [On March 25, the federal government issued an 1135 waiver](#) and a [subsequent waiver](#) on May 18.

Rhode Island was granted a [COVID-related 1115 demonstration waiver](#), allowing the state to vary the amount, duration, and scope of services provided to different groups; and provide retainer payments for personal care services.

[1915(c) Appendix K waiver granted](#) allowing flexibilities in the home and community based services (HCBS) waiver.

Time-limited Medicaid state plan amendments ([here](#) and [here](#)) to respond to COVID-19; subsequent SPA addressing emergency risk management; and another [here](#).

**CHIP state plan amendment approved**

The Office of the Health Insurance Commissioner and the Medicaid program are notifying health insurers issuing policies in the state to take some specific measures around telemedicine, removing barriers to accessing services, ensuring network adequacy, etc.

[Dept. of Health COVID-19 Health Benefit Changes summary](#)
with recommendations for policy changes, for the Governor’s consideration.

**COVID-19 TeleHealth Delivery Policy and Procedure Guidance for RI Medicaid** (updated and posted June 10, 2020)

**Medicaid emergency rule** temporarily allowing providers licensed and practicing outside the state and who are not excluded from providing services to a RI Medicaid enrollee to do so without paying a provider application fee, obtaining a criminal background check, completing provider enrollment revalidation requirements, and obtaining a RI license during the coronavirus declaration of emergency for 60 days or until the termination of the declaration of emergency, whichever is longer. Rule is in effect until March 19, 2021.

**Medicaid emergency rule** suspending most of the prior authorization requirements for out-of-state medical services during the COVID-19 declaration of emergency for 60 days or until the termination of the COVID-19 declaration of emergency, whichever is longer. Rule is in effect until March 19, 2021.

**SC**

No updates at this time.

**Statement from South Carolina OT Board regarding telepractice. Updated Advisory opinion issued June 12, 2020.**

**SCDHHS announced temporary modifications to policies related to telehealth coverage, which includes reimbursement for occupational therapy services.**

**SCDHHS extended telehealth flexibilities to reimburse for services when care is provided by occupational therapy assistants.**

**Medicaid:**

On March 31, the federal government granted an 1135 waiver. A subsequent waiver with additional flexibilities granted in June and another in July.

Time-limited Medicaid state plan amendment to respond to COVID-19 and subsequent SPA to cover the new optional group for COVID testing.

**1915(c) Appendix K waivers granted** allowing flexibilities in the home and community based services (HCBS) waiver, including expanding electronic and telephonic methods of service delivery and removing certain service limits in day programs. **Subsequent waivers** granted in January 2021, including an extension of the end date of previously approved Appendix K waivers.
| SD | **Governor’s Executive Order 2020-16** | temporarily suspending the rule requiring the physical presence of an occupational therapist on the premises where a patient is being cared for by an occupational therapy assistant. (issued April 15)  
**Governor’s Executive Order 2020-25** | temporarily suspending certain laws requiring applicants to submit proof of completing examination requirements to prevent delaying licensure during the emergency. OTs and OTAs, as well as other health care providers, granted a license without having submitted such proof shall submit proof of examination to their respective licensing board by November 30, 2020. (issued May 26)  
**South Dakota Medicaid** | has added temporary coverage of occupational therapy services via telemedicine for patients at high risk for COVID-19 or under quarantine or social distancing during a declared emergency for COVID-19. Therapy services may only utilize telemedicine if the patient and provider have previously met for in-person services. Use of telemedicine for the convenience of the provider or recipient is not covered.  
**Governor’s Executive Order 2020-07** | temporarily suspending regulatory provisions of rules relating to Medicaid covered services which limit or restrict the provision of telehealth or telemedicine services which require face-to-face treatment, visits, interviews, and sessions with providers. (issued March 23)  
**Governor’s Executive Order 2020-16** | temporarily suspending the law requiring that telehealth be utilized with a prior provider-patient relationship and suspending the law requiring real-time visual technology for telehealth services or prohibiting audio-only transmission thereof. (issued April 15)  
**Medicaid:** | On March 24, the federal government granted an 11135 waiver. Subsequent waiver allowing clinic services to be provided by telehealth.  
1915(c) Appendix K waivers granted allowing flexibilities in the home and community based services (HCBS) waiver; subsequent waiver addressing medically complex adults and further approvals in July and August. Additional waivers in December and January, extending the end dates of Appendix K waivers.  
Time-limited Medicaid state plan amendment granted |
| TN | The following provisions are continued in Executive Order No. 73 until February 27, 2021:  
1. Commissioner of Health is given the authority to allow a health care professional who is licensed in another state, and who would otherwise be subject to state licensing requirements, to engage in the practice of the individual's profession in Tennessee, if such individual is a health care professional who is assisting in the medical response to COVID-19 (see item 2)  
2. Commissioner of Health is granted the authority to grant a license to a health care professional who has been out of practice without requiring the profession to demonstrate | The following telehealth and telemedicine provisions are continued in Executive Order No. 73 until February 27, 2021:  
1. Health insurance carriers are urged to provide coverage of clinically appropriate, medically necessary covered services via telemedicine provided by all providers regardless of network status or originating site; carriers are urged not to impose prior authorization requirements on medically necessary treatment related to COVID-19 delivered by in-network providers via telemedicine; authorizes health care providers licensed in another state and temporarily authorized to practice in Tennessee to provide services via telemedicine to patients in Medicaid: | On March 31, the federal government granted an 1135 waiver. A subsequent waiver with additional flexibilities granted in June and another waiver, allowing clinic services provided by telehealth, in August.  
CHIP state plan amendment approved  
1915(c) Appendix K waiver granted allowing flexibilities in the home and community based services (HCBS) waiver  
Executive Order 15, item 34, authorizes TennCare to create policies or modify existing policies as necessary to ensure that TennCare |
continued competency or submit to an interview before the appropriate board, provided the individual meets all other requirements for a license (see item 7.3)

3. Suspending any requirement that any continuing education credits and hours be obtained in-person or at a live event for credit and hours earned from March 12 through the expiration of the order, the Commissioner of Health is authorized to adopt policies necessary to comply with this provision. (see item 7.4)

Executive Order 68 authorizes the temporary suspension of provisions of Title 63 to the extent necessary to authorize individuals licensed under Title 63, including OTs and OTAs, to perform tasks outside their scope of practice if such tasks are performed in a licensed hospital pursuant to facility-specific COVID-19-related plan of delegation submitted by the Chief Medical Officer and approved by the Commissioner of Health or their designee. Licensees acting under such a plan of delegation are subject to discipline as if they were acting under their regular scope of practice.


Tennessee provided doing so is consistent with the providers’ scope of practice (see Executive Order 15, item 38).

2. State law is suspended, to the extent necessary, to allow telehealth or telemedicine services to be provided by any provider licensed as a Profession of the Healing Arts, which includes OT (see Executive Order 20, item 38.1)

Memo from TennCare announced MCOs are reimbursing for physical, speech, and occupational therapy that are appropriate to be delivered via telehealth.

Enacted HB 8002 requires payers to cover telehealth services as they would cover in-person care, relaxes the definition of the originating site for telehealth, and mandates reimbursement parity for telehealth up to April 2022.

The Bureau of Workers’ Compensation proposed a new rule that provides the option for employees who sustained an injury arising out of and in the course and scope of employment to receive certain health care services via telehealth.

Private Insurance: Links to private insurers policies regarding waiver of cost-sharing and telemedicine

Medicaid: On March 30, the federal government granted an 1135 waiver. A subsequent waiver granting additional flexibilities was granted on May 22; another approval in July regarding timeframes for service authorization and appeals; and later

<table>
<thead>
<tr>
<th>TX</th>
<th>Board website notice: If you are unable to renew your OT or OTA or PT or PTA license due to COVID-19, please contact the board by calling 512-305-6900.</th>
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<tbody>
<tr>
<td></td>
<td>Changes to Medicaid and CHIP services will be posted here (click on the Teleservices tab). Many flexibilities have been extended through February 28, 2021.</td>
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<td>Claims guidance from Texas Medicaid and Healthcare Partnership (TMHP) regarding occupational, physical, and speech therapy services. The flexibilities outlined in this</td>
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<td>and CoverKids members continue to receive medically necessary services without disruption. This provision was extended in Executive Order 67 until December 29, 2020.</td>
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| Guidance have been extended until February 28, 2021. | Approvals in September—allowing HCBS in alternative settings—and November. |
| Texas Department of Insurance information on workers’ compensation, telehealth, and COVID-19. | 1915(c) Appendix K waivers granted allowing flexibilities in the home and community based services (HCBS) waiver; subsequent waiver in August; and another waiver approval in October. |
| Texas Department of Insurance Coronavirus resources | Time-limited Medicaid state plan amendment to respond to COVID-19. Subsequent SPA updating fees for testing and treatment; and another SPA expanding telehealth and extending all prior authorization by automatic renewal. An additional time-limited SPA was approved in December. |
| Medicaid and CHIP flexibilities for providers, including regarding teleservices, provider enrollment, prior authorizations, school and health related services, signature requirements for DME, informational handouts, and resources regarding 1135 waivers and Appendix K submissions to CMS. | TMHP information on provider emergency enrollment. Providers who apply with the Public Health Emergency Application are automatically enrolled into both Texas Medicaid and the CSHCN Services Program unless they opt out of one as prompted in the application. Providers who maintain a license in good standing in the state where they practice may enroll. Providers do not need to be licensed in Texas to enroll with the Public Health Emergency Application. |
| | Texas was granted an 1115 demonstration waiver which extends day/dollar limits on COVID-related hospital stays. |
| UT | **Division of Occupational & Professional Licensing Notice: Temporary Suspension of “Live” Requirements for Continuing Education (CE):** Approval of temporary waiver of “live” CE requirements for those with licenses scheduled to expire between June 18 and the end of the COVID-19 pandemic. Online CE may be accrued instead of live CE for the duration of the pandemic for the purposes of license renewal consideration. Those who wish to participate in live CE may do so; however, DOPL encourages licensees and providers of CE to adhere to social distancing recommendations. (updated June 18)  

**Division of Occupational & Professional Licensing announcement regarding temporary suspension of fingerprinting services:** Because of the temporary suspension of FBI fingerprint background checks, DOPL is issuing temporary licenses based on Utah-only background checks. At this time, applicants will be required to obtain the FBI fingerprint check within 180 days of receiving their temporary license. If an applicant's later fingerprint check does not reveal any concerning information, their license application will be considered complete. If concerning information is revealed, DOPL may investigate and take action against the license. Applicants who fail to obtain the required fingerprint check may face disciplinary action.  

**DOPL notice of expedited licensure for formerly licensed health care professionals, including OTs:** (Click on Practice Exemptions During Declared Emergency on left, then on Formerly Licensed Healthcare Professionals in the drop down list) | **Emergency rule** authorizes a Medicaid enrolled provider to deliver covered services via a synchronous or asynchronous telehealth platform as clinically appropriate. (See page 111-113 of linked pdf). This rule has been extended until November 10, but does not authorize asynchronous telehealth services (see page 221-223 of linked pdf). This rule (see pages 51-53 here for text) has been permanently adopted, only authorizing synchronous telehealth services, and went into effect on September 22.  

**DOPL webpage notice of suspension of statutes/rules relating to telehealth services:** (click on Telehealth in menu on left side of page) including links to Governor’s Executive Orders, rules, and Utah Telehealth Network’s COVID and Telehealth Resources webpage.  

**Governor’s Executive Order** suspending enforcement of requirement that a telehealth platform meet industry security and privacy standards including compliance with HIPAA and of the requirement that a provider be in compliance with laws, rules, and regulations regarding the provider’s licensed practice to the extent that it interferes with a provider’s ability to offer telehealth services. This Order has been renewed, as a result of the new State of Emergency declaration that went into effect on September 19, and is in effect until the end of the State of Emergency.  

**State telehealth resources, including links to private payer guidance, Medicare, and Medicaid FAQs** | **Private Insurance:** Several Utah health insurers are taking action on telehealth and copays.  

**Medicaid:** 1135 waiver granted and subsequent waiver granted on May 19. A subsequent waiver with additional flexibilities granted in June.  

1915(c) Appendix K waiver granted allowing flexibilities in the home and community based services (HCBS) waiver. Subsequent approval in January 2021 to extend the end date of Appendix K waiver provisions.  

Time-limited Medicaid state plan amendment to respond to COVID-19 to cover the new optional group; subsequent SPA approved in June.  

CHIP state plan amendment approved  

**Emergency rule, effective June 24,** suspends any Medicaid administrative rule under certain chapters that conflict with emergency waivers or state plan amendments approved by CMS during the COVID-19 emergency, an executive order issued by the Governor during the state of emergency, or a legislative action issued during the state of emergency. Rule remains in effect during the declared COVID-19 emergency period. (See page 83–84). This rule has been permanently adopted and went into effect on September 7.  

**Emergency rule effective June 24** that assures continued Medicaid coverage through the public health emergency period for anyone eligible and enrolled on March 18 or who subsequently becomes eligible and enrolls during the emergency period and any extensions. |
<table>
<thead>
<tr>
<th>VT</th>
<th>Office of Professional Regulation policy on continuing education: Online courses may be taken in lieu of required formal continuing education, and a continuing education renewal extension of up to 180 days is allowed if certain criteria are met.</th>
<th>Department of Vermont Health Access sent a memo to all Vermont Medicaid-participating providers regarding telehealth. COVID-19 emergency response legislation, HB 742, enacted in the state expands telehealth.</th>
<th>Medicaid: On March 30, the federal government granted an 1135 waiver, and another on May 29.</th>
<th>Time-limited Medicaid state plan amendment to respond to COVID-19</th>
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<td>OPR Emergency Policy Related to Continuing Education Providers</td>
<td>Department of Financial Regulation emergency rule instructing insurance companies to cover services through telehealth or audio-only telephone on the same basis as in-person. This rule has been rescinded and superseded by Emergency Rule H-2020-06-E.</td>
<td>Vermont amended an 1115 demonstration waiver to respond to the emergency, allowing for virtual hearings and other changes.</td>
<td>Private Insurance: Department of Financial Regulation emergency rule relaxing provider credentialing requirements to facilitate the reimbursement through commercial insurance during the State of Emergency for health care services provided by physicians or other health care professionals who hold an equivalent license in another state. Emergency rule has been extended until the last to terminate of a declared state of emergency in Vermont as a result of COVID-19, a declared federal public health emergency as a result of COVID-19, and a declared national emergency as a result of COVID-19.</td>
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<td>Office of Professional Regulation COVID-19 FAQs</td>
<td>Emergency Rule H-2020-06-E, among other provisions, expands patients’ access to and providers’ reimbursement for services delivered remotely through telehealth, audio-only telephone, and brief telecommunication services. This rule is in effect until July 1, 2021.</td>
<td>Department of Financial Regulation emergency rule requiring coverage of medically necessary COVID-19 treatment and testing and waiving or limiting cost-sharing for the same. This rule has been rescinded and superseded by Emergency Rule H-2020-06-E.</td>
<td>Emergency Rule H-2020-06-E, among other provisions, expands health insurance coverage for and waives or limits cost sharing requirements directly related to COVID-19 diagnosis, treatment, and prevention. This rule is in effect until July 1, 2021.</td>
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<td>Governor signed into law a bill that establishes a temporary license for graduates of an approved education program during a period when licensing exams are not available and expands telehealth in the state by allowing out-of-state licensees to provide services to Vermont residents without obtaining a Vermont license. OPR webpage with information on how to apply for a temporary license.</td>
<td>Governor’s Executive Order 01-20 declaring a state of emergency in the state and suspending relevant rules to the extent necessary to provide telemedicine to facilitate treatment of patients in place may be approved by the Commissioner of Health. This order has been extended until March 15, 2021.</td>
<td></td>
<td>Department of Financial Regulation emergency rule</td>
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</table>
Board of Medicine COVID-19 notices, including links to an application for reactivation/reinstatement during the COVID emergency and to information about an out of state licensure exception for practitioners assisting in hospitals, licensed nursing facilities, and dialysis facilities.

Governor’s Executive Order 42, Promulgation of the Commonwealth of Virginia Emergency Operations Plan and Delegation of Authority authorizing the Director of the Department of Health Professions to issue temporary licenses to practice in Virginia for no longer than one year to certain health care providers and to waive licensure fees, authorizing an individual holding a license in another state to render aid during the emergency without compensation, and designating a license in good standing to be recognized as a health care provider of the same type, provided such health care provider is engaged by a certain health care facility for the purpose of assisting that facility with disaster response operations. (see pages 7-8)

Executive Order 57 authorizes an out-of-state license in good standing to be recognized as a Virginia license for licensees to provide care in certain healthcare facilities, and authorizing healthcare practitioners with an active license issued by another state to provide continuity of care to current patients who are Virginia residents through telehealth for the duration of the state of emergency declared in Executive Order 51.

Medicaid Memo announcing that DMAS will reimburse for Medicaid covered services delivered via telehealth under certain circumstances, including if the service does not use both audio and video, and if the health care provider (or telepresenter) is not with the patient at the originating site, that a patient’s home may be the originating site, and that early intervention providers may use telehealth or remote care delivery for all ongoing services, including occupational therapy. Flexibilities outlined in this memo have been continued during the federal state of emergency, which has been extended until April 20, 2021.

Amended Executive Order 57 allows health care practitioners with an active license issued by another state to provide continuity of care to their current patients who are Virginia residents through telehealth services. Amended further to remain in effect for the duration of the COVID-19 state of emergency.

Enacted legislation (HB 5046/SB 5080) eliminates the originating site restrictions and the requirement that a care provider accompany a patient during the telehealth session. Expands the telehealth platform to allow care providers to treat the patient in their own homes or other locations. Mandates that payers cover telehealth services regardless of the originating site and whether a provider is with the patient and directs the Medicaid program to continue covering audio-only phone services.

Medicaid: Memo was sent to all providers participating in Medicaid outlining provider flexibilities related to COVID-19, including expanded telehealth coverage, as well as the waiver of certain program requirements, including specified service authorizations and prescription drug limitations. Specific provider requirements are also being waived.

Governor Northam is increasing access to health care by: 1) eliminating co-payments for services covered by Medicaid and FAMIS, including COVID-19 related treatment and others; 2) ensuring current Medicaid members do not inadvertently lose coverage due to lapse in paperwork or change in circumstances; and 3) waiving pre-approval requirements for many critical medical services, among other things. Remains in effect for the duration of the COVID-19 state of emergency.

On March 23, the federal government granted an 1135 waiver 1915(c) Appendix K waiver granted allowing flexibilities in the home and community based services (HCBS) waiver; subsequent waiver addressing settings and provider qualifications; and another Appendix K waiver approval in June. Additional waiver clarifying that an electronic method of service delivery is available for therapeutic consultation and certain other services, and to extend the end date of earlier waivers.

CHIP state plan amendment approved

Time-limited Medicaid state plan amendment to respond to COVID-19, increasing pay rates for nursing facilities and specialized care providers among other changes.
<table>
<thead>
<tr>
<th>State</th>
<th>Department website notice: License expiration date extensions</th>
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<tr>
<td>WA</td>
<td>Governor’s Executive Order 20-32 Health Care Worker Licensing temporarily waives and suspends certain laws and regulations, including 1) the requirement to complete continuing education if a license has been expired for one renewal cycle or less or if it has been expired for over three years, 2) the requirement that an individual seeking to renew a retired active license declare that they have only practiced intermittently or in an emergency during the previous renewal cycle and declare that continuing education requirements have been met, 3) the requirement for individuals seeking to renew their retired volunteer medical worker license declare that required continuing education or continuing competency requirements have been met, 4) the requirement that continuing education must be completed after the first post-discharge renewal for an individual seeking to return to active status from military status, and 5) the requirement that continuing education must be completed during the following renewal for an individual returning their license to active status from inactive military-related status. Proclamation 20-32.11 extends the waivers and suspensions originally identified in Proclamation 20-32 until termination of the state of emergency or until the Proclamation is rescinded.</td>
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<td>Washington Health Care Authority news release on steps taken to support telehealth including Medicaid reimbursement, guidance for use by public school employees, and provider support. Apple Health has issued new guidance for providers on coverage for telehealth. Apple Health clinical policy and billing for COVID-19. Governor Inslee signed SB 5385 which requires telemedicine claims to be reimbursed at the same level as care delivered face to face. Telemedicine claims also cannot be denied by insurance carriers. This legislation will go into effect immediately to help increase access to care during the COVID-19 outbreak. Executive Order 20-29 suspends the requirement that the law affects health plans issued or renewed on or after January 1, 2021. This Executive Order has been extended until December 31 or until the end of the State of Emergency, whichever comes first. Dept. of Labor and Industries announced that it will extend its temporary workers’ compensation telehealth policies until June 30, 2021. This includes a policy regarding OTs, PTs, and SLPs using telerehab to deliver services to initiate and deliver services after an attending provider’s referral. Health Care Authority School-Based Services COVID-19 Billing FAQs (updated January 26, 2021.)</td>
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<td>Medicaid: On March 19, the federal government approved an 1135 waiver, allowing the state to waive prior authorization requirements to remove barriers to needed services, streamline provider enrollment processes to ensure access to care for beneficiaries, allow care to be provided in alternative settings in the event a facility is evacuated to an unlicensed facility, suspend certain nursing home screening requirements to provide necessary administrative relief, and extend deadlines for appeals and state fair hearing requests. A subsequent waiver with additional flexibilities granted in June. 1915(c) Appendix K waiver granted allowing flexibilities in the home and community based services (HCBS) waiver; subsequent Appendix K waiver approvals in June and August, with flexibilities in the amount of certain services, licensure and CE requirements, negotiated COVID add-on rates, and retainer payments; another approved waiver regarding data collection timeframes. January 2021 approval extending the end date of previously approved waivers. Time-limited Medicaid state plan amendment to respond to COVID-19 including payment for services provided via telephone services and/or online digital E&amp;M services at the same rates as for services provided face-to-face or via telemedicine; subsequent SPA addresses testing the uninsured, modes of telehealth, and other changes; another SPA addresses telehealth facility fees, among other changes; and another rescinds earlier changes affecting the COVID optional eligibility group and presumptive eligibility.</td>
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<td>WV</td>
<td>Board Position on Telehealth</td>
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<td>The Board's position on Telehealth has always been that there is nothing in our Code or Legislative Rules that prohibits telehealth as a method of providing services, as long as all provisions of the Code are complied with and the same standard of care is exercised. Our Rules do, however, require the OT be directly involved through a face-to-face visit with the patient during the initial evaluation. The Board has determined that in light of the current situation, video-conferencing could be considered face-to-face. Otherwise, it is up to the therapist to determine if in-person intervention is necessary, or if providing OT</td>
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<td>Application and FAQs on Emergency Volunteer Health Practitioners</td>
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<td>Washington law allows the Secretary of Health to grant an administrative modification for the duration of any license, certification, or registration period to address unusual circumstances. Governor’s Proclamation 20-32 provides authority for the action without agency rule making. More information is available on our License Expiration Extension FAQ webpage.</td>
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<td>Services by means of telehealth is in the best interest of the client. Also, in order to provide OT services to consumers in WV, practitioners must hold a current, valid WV OT or OTA license. Governor’s re-opening plan allows outpatient health care operations, including OT services, to resume in Week 1 of the plan. Practitioners are advised to follow the guidance of their regulatory boards to ensure safe delivery of services.</td>
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<td>Governor’s re-opening plan allows outpatient health care operations, including OT services, to resume in Week 1 of the plan. Practitioners are advised to follow the guidance of their regulatory boards to ensure safe delivery of services.</td>
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<td>More practitioners to order home health, expand telehealth flexibilities for health centers and rural health clinics, and allow temporary payment increases for nursing homes, ICFs, behavioral health, and psychiatric residential treatment. An additional disaster relief SPA was approved in December.</td>
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| Department of Safety and Professional Services COVID-19 Updates and Information, including a liability insurance guide, forms to obtain a temporary license or to renew a license in the state, current and expired Governor’s Emergency Orders, and other notices and memoranda. Governor’s Emergency Order #2 (issued October 1, 2020) authorizes 1) any health care provider with a valid and current license or credential issued by another state may practice under that license and within the scope of that license in Wisconsin, including via telehealth/telemedicine technology without first obtaining a credential from DSPS provided certain conditions are met; 2) a temporary interstate license or any otherwise valid health care provider license that expires during the emergency declaration shall remain valid for 30 days after the emergency declaration concludes; 3) any health care provider with a license that recently lapsed (within 5 years of expiration) who applies for DSPS reinstatement shall be required to pay any late renewal fees and shall not be required to fulfill any continuing education requirements. Order is in effect for the duration of the federal public health emergency declared on July 23, 2020, including Medicaid: 1135 waiver granted on April 20 to waive prior authorization requirements; allow care in alternative (unlicensed) settings; suspend some nursing home screening requirements; and streamline enrollment of in-state and out-of-state providers. A subsequent waiver with additional flexibilities granted in June. Time-limited Medicaid state plan amendment granted. Subsequent SPA regarding disproportionate hospital share (DHS) payments. 1915(c) Appendix K waiver granted allowing flexibilities in the home and community based services (HCBS) waiver. |

| Bulletin From Office of the Commissioner of Insurance to Insurers, Agents, and Interested Parties states that some insureds may be using telehealth services, if offered, instead of in-person health care services. Health Plan issuers are reminded to review provisions in current policies regarding the delivery of health care services via telehealth and ensure their telehealth programs can meet demands. A new memorandum, issued on October 13, from the Commissioner of Insurance recommends that insurers remove any barriers to insureds utilizing telehealth services and reminds insurers to review provisions in current policies regarding the delivery of health care services via telemedicine and ensure their programs with participating providers are robust and able to meet any demand. Insurers are also strongly encouraged not to deny coverage for a treatment or service provided via telehealth if the treatment or service is covered under the policy or plan if the service is provide in-person. ForwardHealth Update 2020-15 regarding additional services to be provided via telehealth, including occupational therapy, provided the service is a covered service that can be |
renewals, or until a superseding order is issued by the Governor or the Secretary of the Department of Health Services. DSPS has provided more information regarding this Emergency Order.

**Statement of Scope notice regarding the Wisconsin OT Affiliated Credentialing Board consideration of a permanent rule on telehealth to establish standards of practice and conduct for providing OT services using telehealth.**

**Insurance Department Bulletin 20-01** encouraged health insurers to liberalize telehealth benefits.

**Medicaid home health provider bulletin** temporarily authorizing telehealth services, including telephonic services, to be used for home health care for state plan Medicaid providers, not for waiver providers (effective March 31, 2020).

**Bulletin for Federally Qualified Health Centers, Rural Health Centers, and Indian Health Services** facilities temporarily authorizing the use of telehealth services during the state of emergency.

**Wyoming Medicaid newsletter notice** regarding authorized originating sites of telehealth services and billing information. Originating sites include the office of a physician or other practitioner and skilled nursing facilities (effective January 1, 2021).

**Medicaid:** On March 27, the federal government granted an 1135 waiver; subsequent approval in July.

1915(c) Appendix K waiver granted allowing flexibilities in the home and community based services (HCBS) waiver; subsequent waiver on certification deadlines and payment rates and another affecting reimbursement for certain providers, provider qualifications, and case management; and further Appendix K waivers in June and August, including a temporary reimbursement increase for certain providers (e.g., adult day and child habilitation services). **January 2021 approval** extending the end date of Appendix K waivers.

Time-limited Medicaid state plan amendment to respond to COVID-19

**CHIP state plan amendment approved**
The Board does not intend, by this policy, to definitively resolve whether remote supervision is permissible under its rules, but rather intends to allow limited licensees and occupational therapist assistants to practice during the declared state of emergency.

This policy shall remain in effect until July 1, 2020, or when the Governor of the State of Wyoming lifts the declared state of emergency related to the spread of COVID-19, whichever comes first. The Board may re-adopt this policy as necessary.

Board statement on maintaining continuity of care during declared states of emergency (extended until July 1, 2021):

The Board has received questions from occupational therapists licensed in other states regarding whether they may continue providing treatment to their clients in Wyoming who, for various reasons related to the COVID-19 outbreak, can no longer travel to them to receive care. As a policy matter, the Board strongly favors maintaining the continuity of care between an occupational therapist and a client, even if the occupational therapist is not licensed in Wyoming. Therefore, the Board hereby declares that it will not seek injunctive relief against an occupational therapist licensed in another state who continues to provide services to established clients, including through telehealth technology, during a declared state of emergency which prevents clients from traveling to their therapist.

This policy does not authorize all unlicensed practice of occupational therapy in Wyoming. In particular, occupational therapists in other states who wish to provide services to clients in Wyoming must observe the following guidelines.
1) The occupational therapist must have an established therapist-client relationship with the client in question. The therapist must have provided services to the client at least one time prior to providing services to the client in Wyoming. If the Board receives information that an occupational therapist licensed in another state has attempted to initiate a therapist-client relationship with a Wyoming citizen, the Board may seek an injunction against the occupational therapist.

2) The occupational therapist must comply with Wyoming law and Chapter 3 and 7 of the Board’s rules regarding the treatment of clients and holding client information confidential. If the Board receives information that an occupational therapist licensed in another state has violated Chapter 3 or 7 of its rules, the Board may seek an injunction against the occupational therapist.

This policy shall remain in effect until July 1, 2020, or when the Governor of the State of Wyoming lifts the declared state of emergency related to the spread of COVID-19, whichever comes first. The Board may re-adopt this policy as necessary.