Telepsychology: Legal, Ethical & Regulatory Considerations Inside and Outside of PSYPACT

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Agenda

1. An Introduction to Telehealth and Telepsychology
2. Legal / Regulatory Considerations for Telepsychology Providers
3. Understanding PSYPACT
   i. What is PSYPACT (History, Benefits)?
   ii. ASPPB / PSYPACT Commission Relationship
   iii. PSYPACT Commission
   iv. PSYPACT Process
4. Telehealth / Telepsychology in a Post-Pandemic World
5. Ethical Considerations
6. Q&A

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An Introduction to Telehealth and Telepsychology

What Is Telehealth? What Is Telemedicine?

VARYING AND BROAD DEFINITIONS

Medicare	• Medicare Part B pays for covered telehealth services when such services are furnished by an "interactive telecommunications system," defined as "multimedia communications equipment that includes, at a minimum, audio and video equipment permitting two-way, real-time interactive communication between the patient and distant site physician or practitioner." 42 C.F.R. § 410.78.
Veterans Health Administration	• "The wider application of care and case management principles to the delivery of health care services using health informatics, disease management and telehealth technologies to facilitate access to care and improve the health of designated individuals and populations. . . ."
Health Resources Services Administration	• "[T]he use of electronic information or telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration." 38 C.F.R. § 17.417(a)(4).
Center for Connected Health Policy (CCHP)	• "[A] broad term that encompasses a variety of telecommunications technologies and tactics to provide health services from a distance. . . a collection of means to enhance care and education delivery."
States	• Alternate between the terms "telehealth" and "telemedicine" and sometimes use both • 50 states + District of Columbia define one or both of these terms

Telehealth and the U.S. Health Care System

A CONSTANTLY CHANGING LANDSCAPE

- Ongoing transition from fee-for-service to pay-for-performance models of care delivery (e.g., outcomes, quality)
- Continued and increased use of integrated delivery models (e.g., ACOs), bundled payments, medical homes, and readmissions reduction initiatives
- Continued growth in consumer demand for in-home care modalities (increasingly high during and post-PHE)
- Availability, accessibility, and ubiquity of mobile technologies in health care

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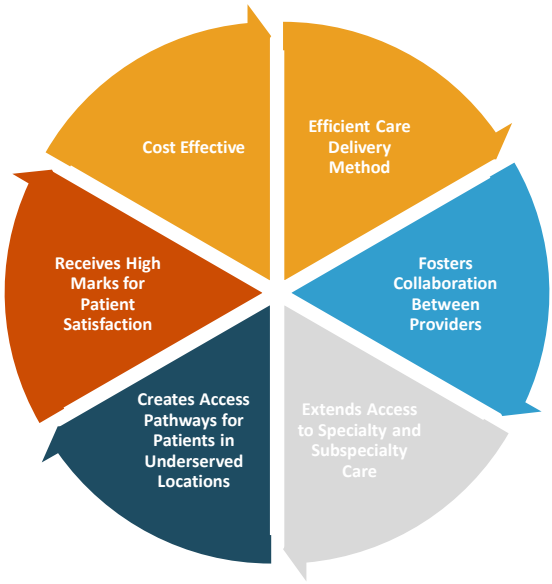
Telehealth and the U.S. Health Care System

BENEFITS OF TELEHEALTH



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Usage of Telehealth Services

WHERE / HOW IS TELEHEALTH BEING USED?

- Direct Patient Care
- Remote Patient Monitoring
- Second Opinions
- Peer to Peer Consultations
- Dissemination of Health Information
- Medical Education of Providers

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Telehealth Modalities

Telehealth Modality	Description
Real Time ("Synchronous")	Provider and patient communicate live via videoconferencing. Commonly used for providing, e.g., telebehavioral health, telehomecare, and telecardiology services. Enables remote consultations between patients and a variety of primary and specialty health care professionals.
Store & Forward ("Asynchronous")	Digital images, videos, audio, and/or clinical data are captured electronically and stored on a patient's computer / mobile device and then transmitted securely to a provider for later study or analysis. Commonly used for providing, e.g., teledermatology and telepathology services.
Remote Patient Monitoring	Patient use of systems that remotely capture and feed data / information from sensors and/or other monitoring devices / equipment to external monitoring centers so providers can monitor the patient remotely. Commonly used for monitoring chronic health conditions, e.g., heart disease, COPD, diabetes, asthma.
Wearables	Electronic devices designed to be worn on a user's body. Such devices take many different forms, including smartwatches, fitness trackers, VR headsets, smart jewelry, web-enabled glasses, and Bluetooth headsets. Although "wearable" implies processing or communication capabilities, the sophistication among wearables varies dramatically.

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Telehealth and the U.S. Health Care System

BEFORE AND DURING THE COVID-19 PANDEMIC

- **Pre-Pandemic**
  - Steady—but **slow**—adoption by states
  - Regulatory guidance mostly from states with limited consistency, heavy focus on provision of telehealth services by physicians, while other health care professionals lacked guidance
  - 7 in 10 people were curious about telehealth **but fewer than 1 in 10 people had actually tried it**
- **During COVID-19 Pandemic**
  - Surge in demand—and adoption– due to COVID-19 PHE
  - Federal and state regulatory flexibilities helped to facilitate access and acceptance of telehealth as a means of care delivery
    - Interstate licensures
    - HIPAA
    - Payor coverage and reimbursement policies
  - In **April 2020**, overall telehealth utilization for office visits and outpatient care was **78 times higher** than it was in February 2020
  - By **July 2021**, telehealth utilization stabilized at levels **38 times higher than pre-pandemic**, ranging from 13 to 17 percent across all specialties
  - Dramatic impact on patient care and provider practices

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Telehealth and the U.S. Health Care System

AFTER THE COVID-19 PANDEMIC

- Since early 2021, telehealth use has declined steadily but remains higher than pre-pandemic levels
- Congress extended certain pandemic-era flexibilities, particularly around Medicare coverage of telehealth, but these flexibilities currently are set to expire on **September 30, 2025**
- Post-pandemic, states have gradually stabilized and refined their telehealth policies, making necessary adjustments based on evolving needs
- Telehealth usage continues to vary dramatically—by geography, by race / ethnicity, and by type of patient (i.e., health needs)
- Growing trends in telehealth include:
  - Remote patient monitoring
  - Personalized digital therapeutics
  - Artificial intelligence
  - Big data and analytics
  - Telepharmacy
  - Augmented reality / virtual reality ("AR/VR")
  - Wearables
  - Medical drones

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Telepsychology

THRIVING BUT ACCESS GAPS REMAIN

- **PHE led to a telepsychology revolution**
  - Prior to PHE, psychologists performed 7% of their clinical work through telepsychology
  - During the PHE, usage increased **12-fold** to nearly 86%, with 67% of psychologists conducting **all** their clinical work through telepsychology
  - Post-PHE, psychologists projected that 34% of their clinical work would be conducted via telepsychology
- **Telepsychology is an effective and efficient method for improving patients' lives**
  - Veterans: telepsychology found to be as effective in reducing PTSD symptoms as in-person interventions
  - Youth: telepsychology found to be effective in treating youth with a range of mental health disorders including ADHD, anxiety, depression, and eating disorders
  - LGBTQIA: telepsychology found to significantly improve access in serving queer women and nonbinary individuals during and after the PHE
- **But persistent access barriers continue**
  - Rural psychologists and/or their patients have limited access to reliable high-speed Internet
  - Unequal access to and shortages of psychologists across the country persist

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Legal / Regulatory Considerations for Telepsychology Providers

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Telemental Health Post-PHE

AT THE FEDERAL LEVEL (MEDICARE)

- Flexibilities at federal level focus mainly on Medicare coverage and reimbursement
- What's (Possibly) Here to Stay for Telemental Health Providers?
  - FQHCs and Rural Health Clinics serving as a distant site providers for telemental health services
  - Medicare beneficiaries receiving telemental health services in their homes
  - No geographic restrictions for originating site for telemental health services
  - Telemental health services delivered using audio-only communication platforms
  - Rural Emergency Hospitals being eligible originating sites for telehealth
  - ***Most flexibilities are set to expire by end of September 2025, but Congressional action may delay expiration***.
- What Are the Temporary Flexibilities for Telemental Health Providers?
  - An in-person visit within 6 months of an initial telemental health service, and annually thereafter, is not required
- What's Under Consideration?
  - Significant activity at the Congressional level . . .

Source: *KFF*—What to Know About Medicare Coverage of Telehealth

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Telemental Health Post-PHE

AT THE FEDERAL LEVEL (MEDICARE)

- Mid-Mar. 2025 passage of Full-Year Continuing Appropriations and Extensions Act, 2025
- Section 2207, "Extension of Certain Telehealth Flexibilities," permits the following through **September 30, 2025**:
  - Removes geographic requirements, expands originating sites for telehealth services (including patients' homes);
  - Expands the list of practitioners who are eligible to furnish telehealth services, to include all practitioners who are eligible to bill Medicare for covered services, such as physical and occupational therapists, speech pathologists, audiologists, marriage and family therapists, and mental health services providers;
  - Extends telehealth services to federally qualified health centers (FQHCs) and rural health clinics (RHCs), which may serve as distant site providers;
  - Delays the Medicare in-person requirements for mental health services furnished through telehealth and telecommunications technology, including for FQHCs and RHCs;
  - Allows for payment / furnishing of audio-only telehealth services;
  - Extends use of telehealth to conduct face-to-face encounters prior to recertification of eligibility for hospice care; and
  - Grants program instruction authority, meaning that the Secretary of the Department of Health and Human Services may implement the amendments made by this section through program instruction or otherwise.

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Telemental Health Post-PHE

AT THE FEDERAL LEVEL (MEDICARE)

- **Permanent Telehealth From Home Act** (H.R. 1407)
  - Introduced in House in Feb. 2025
  - Proposes changes to Title XVIII of the Social Security Act to eliminate geographic limitations and expand eligible locations for accessing telehealth services under Medicare
  - Removes specified constraints related to the end of the PHE period and allows the continuation of telehealth services beyond it
  - Aims to make telehealth more accessible to Medicare recipients by establishing a permanent system that does not depend on the geographic location where the service is received
  - Referred to House Committees on Energy and Commerce, as well as Ways and Means, for further consideration

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Telemental Health Post-PHE

AT THE FEDERAL LEVEL (MEDICARE)

- **Preventing Medicare Telefraud Act** (H.R. 1785)
  - Introduced in House in Mar. 2025
  - Proposes amendments to the Social Security Act aimed at enhancing oversight of and reducing fraudulent claims made to the Medicare program
  - Would establish new requirements for high-cost durable medical equipment and laboratory tests to prevent telehealth fraud, including a requirement for in-person visits within six (6) months prior to ordering these high-cost items via telehealth
  - Would mandate audits for providers with a high volume of telehealth prescriptions to ensure compliance
  - Would require submitting NPI numbers for separately billable telehealth services
  - Referred to House Committees on Energy and Commerce, as well as Ways and Means, for further consideration

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Telemental Health Post-PHE

AT THE FEDERAL LEVEL (MEDICARE)

- **To Amend Title XVIII of the Social Security Act to Remove In-Person Requirements Under Medicare for Mental Health Services Furnished Through Telehealth and Telecommunications Technology** (H.R. 1867)
  - Introduced in House in Mar. 2025
  - Proposes amendments to the Social Security Act that would increase access to mental health care via telehealth
  - Would eliminate in-person requirements for Medicare-covered mental health services, allowing these services to be provided through telehealth and telecommunications technology
  - If enacted, changes would apply to eligible individuals seeking treatment for substance use disorders or mental health disorders, regardless of their geographic location, and would also cover services provided by rural health clinics and federally qualified health centers
  - Referred to House Committees on Energy and Commerce, as well as Ways and Means, for further consideration

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Telemental Health Post-PHE

AT THE FEDERAL LEVEL (MENTAL HEALTH PARITY)

- In **September 2024**, several federal agencies published final rules amending regulations implementing the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) and adding new regulations implementing the nonquantitative treatment limitation (NQTL) comparative analyses requirements under MHPAEA.
- **Final Rule on Requirements Related to the Mental Health Parity and Addiction Equity Act (MHPAEA)**
  - 89 Fed. Reg. 77586 (Sept. 23, 2024), effective Oct. 1, 2024
  - Requires health plans and issuers to collect and evaluate outcomes data, and to take reasonable action to address material differences between mental health and substance use disorder benefits and medical/surgical benefits. ***This includes evaluating standards related to network compositions***.
  - Final rule suggests that a "reasonable" action plan with respect to network composition data may include expanding the availability of telehealth arrangements to mitigate any overall mental health and substance use disorder provider shortages in a geographic area

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Telemental Health Post-PHE

AT THE STATE LEVEL—PROFESSIONAL LICENSURE

- During PHE—state professional licensure requirements modified, and in some cases waived entirely
- After PHE—states lifted temporary licensure flexibilities
- Presently—many states re-examining professional licensure policies
- Examples of recent state activity relating to out-of-state professional licensure exceptions:

Arizona – Notice of Proposed Rulemaking, Board of Behavioral Health Examiners

- Would add a provision regarding registration of out-of-state providers of telehealth services.

Maryland – H.B. 602

- Mandates State Board of Nursing to engage with nursing licensing boards in Delaware, Pennsylvania, Virginia, West Virginia, and the District of Columbia to explore reciprocity agreements for advanced practice nursing licenses and specialty certifications. Aims to enhance access to advanced practice registered nurses, improve licensure portability, and facilitate telehealth services across these jurisdictions.
- Legislation is set to take effect on July 1, 2025.

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Telemental Health Post-PHE

AT THE STATE LEVEL—PSYPACT

PSYPACT has broken down state barriers, connecting psychologists to more patients who are in need of healing

PSYPACT Simplifies Licensing Process Across States	PSYPACT Increases Access to Care	PSYPACT Ensures Quality of Care Remains Paramount
• Reduces administrative burdens of obtaining and maintaining multiple state licenses to practice • Resistance to adoption remains in certain U.S. states and jurisdictions	• Expands access to mental health care services, particularly in rural and underserved areas • Telepsychology helps heal patients of all backgrounds	• Strict licensing and credentialing requirements • Compliance and ethical standards are crucial components; psychologists must adhere to guidelines and regulations set forth by states and APA.

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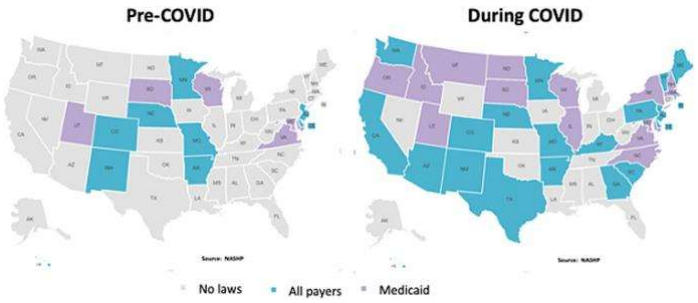
Telemental Health Post-PHE

AT THE STATE LEVEL—COVERAGE AND REIMBURSEMENT

- Telehealth parity laws facilitate the wide range of services that behavioral health professionals can offer, making it possible for patients to get equal or comparable access and benefits to mental health care
- 44 states and the District of Columbia have enacted private payor laws addressing telehealth parity—with respect to coverage, or reimbursement, or both
  - **Coverage parity** requires payors to cover a service via telehealth if it is also covered in-person
  - **Payment parity** requires payors to reimburse for telehealth at the same rates as the equivalent in-person services

States with laws requiring insurers to implement payment parity



Source: Payment and Coverage Parity for Virtual Care and In-Person Care: How Do We Get There?

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Telemental Health Post-PHE

AT THE STATE LEVEL—COVERAGE AND REIMBURSEMENT

Michigan H.B. 4213 expanded Medicaid telehealth coverage by enacting payment parity and audio-only coverage

New York S.B. 8307 extended telehealth payment parity requirements for Medicaid and state regulated health plans to April 1, 2026

Vermont H. 861 permanently adopted payment parity for video visits and audio-only visits

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Telemental Health Post-PHE

AT THE STATE LEVEL—ACCEPTANCE OF AUDIO-ONLY SERVICE DELIVERY

- Prior to the COVID-19 PHE, audio-only was not a commonly recognized or covered modality for delivering telehealth services
- Since the onset of the COVID-19 PHE, acceptance for audio-only services has increased, due to significant effects of pandemic and necessity for patients to reach their health care providers
- Currently, Medicaid programs in 43 states and the District of Columbia reimburse for audio-only services, although in some cases with limitations—e.g., coverage limited to provision of mental health services, or case management services

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Telemental Health Post-PHE

PRIVACY AND SECURITY CONSIDERATIONS

Generally . . .

- Sharing data and management responsibility with other providers
- Determining what should be maintained as part of a medical record
- Breach notification (verifying breaches)
- Training and education

vs.

Telehealth Providers . . .

- Developing and using HIPAA-compliant platforms to deliver telehealth services
- Complying with privacy laws in multiple states (where patients located)
- Data transmission security considerations
- Entering into BAAs with technical providers (non-Covered Entities) supporting provision of telehealth services
- Managing presence of non-clinical personnel (i.e., non-Covered Entities) supporting provision of telehealth services
- Incorporating telehealth-specific risks into compliance programs

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Telemental Health Post-PHE

PRIVACY AND SECURITY CONSIDERATIONS

Pre-PHE: Telehealth services had to be delivered through HIPAA-compliant technology (e.g., Zoom for Healthcare, Skype for Business, Doxy.me); providers and vendors required to enter into Business Associate Agreements (BAAs)

During PHE: HHS Office for Civil Rights (OCR) exercised enforcement discretion, allowing provider to use any non-public facing remote communication product available to communicate with patients (e.g., Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, Zoom, Skype); no BAA required

Post-PHE: 90-day transition period for providers to come (back) into full compliance with HIPAA relating to any "good faith provision of" telehealth services; providers had until August 9, 2023 to come into compliance with pre-PHE HIPAA standards.

Today: Enforcement discretion is no longer in place; providers must use HIPPA-compliant platforms to deliver telehealth services or risk penalties for non-compliance.

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Telemental Health Post-PHE

ENFORCEMENT AND COMPLIANCE

Civil Actions

In 2024, DOJ teamed up with the FTC to bring claims against four telehealth companies and their executives for unfair and deceptive conduct such as concealing tracking of customers and failing to protect patient's personal health information.

One of the companies is required to pay $5M in consumer redress and $10M in a civil penalty judgment.

Regulatory Enforcement

In 2019, the New York Court of Appeals decided a case where a medical practice was found to be "fraudulently incorporated" because non-physicians exercised too much control over the business. This violation of the state's corporate practice of medicine (CPOM) requirements rendered the practice ineligible for insurance reimbursement.

CPOM compliance is critical for medical practices to avoid fraud allegations and imposition of financial penalties.

Criminal Actions

In 2024, DOJ indicted executives of a telemental health company for $100M, alleging distribution and related health care fraud schemes. It was DOJ's first criminal drug distribution prosecution related to a digital health company that distributed controlled substances via telemedicine.

DOJ's 2024 National Health Care Fraud Enforcement Action resulted in $1.1B charges in telehealth fraud.

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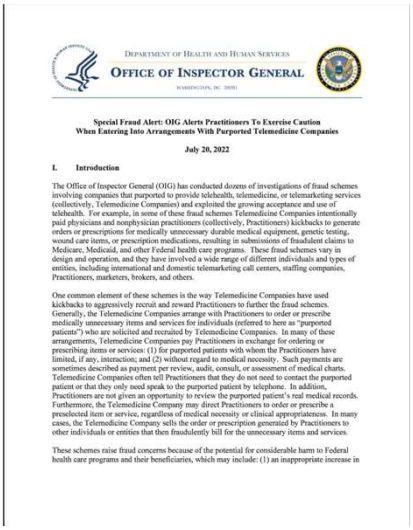
Telemental Health Post-PHE

ENFORCEMENT AND COMPLIANCE—OIG'S JULY 2022 SPECIAL FRAUD ALERT

- Provides information for practitioners to help identify potentially "suspect" arrangements with telemedicine companies
- OIG encourages practitioners to use heightened scrutiny and exercise caution before entering into arrangements with telemedicine companies
- Includes an illustrative list of "suspect characteristics" related to provider arrangements with telemedicine companies that, taken together or separately, could suggest an arrangement presents a heightened risk of fraud and abuse
- Read the full Special Fraud Alert here



DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF INSPECTOR GENERAL

Special Fraud Alert: OIG Alerts Practitioners To Exercise Caution When Entering Into Arrangements With Purported Telemedicine Companies

July 20, 2022

I. Introduction

The Office of Inspector General (OIG) has conducted dozens of investigations of fraud schemes involving companies that purported to provide telehealth, telemedicine, or telemarketing services (collectively, Telemedicine Companies) and exploited the growing acceptance and use of telehealth. For example, in some of these fraud schemes Telemedicine Companies intentionally paid physicians and nonphysician practitioners (collectively, Practitioners) kickbacks to generate orders or prescriptions for medically unnecessary durable medical equipment, genetic testing, wound care items, or prescription medications, resulting in submissions of fraudulent claims to Medicare, Medicaid, and other Federal health care programs. These fraud schemes vary in design and operation, and they have involved a wide range of different individuals and types of entities, including international and domestic telemarketing call centers, staffing companies, Practitioners, marketers, brokers, and others.

One common element of these schemes is the way Telemedicine Companies have used kickbacks to aggressively recruit and reward Practitioners to further the fraud schemes. Generally, the Telemedicine Companies arrange with Practitioners to order or prescribe medically unnecessary items and services for individuals (referred to here as "purported patients") who are solicited and recruited by Telemedicine Companies. In many of these arrangements, Telemedicine Companies pay Practitioners in exchange for ordering or prescribing items or services: (1) for purported patients with whom the Practitioners have limited, if any, interaction; and (2) without regard to medical necessity. Such payments are sometimes described as payment per review, audit, consult, or assessment of medical charts. Telemedicine Companies often tell Practitioners that they do not need to contact the purported patient or that they only need speak to the purported patient by telephone. In addition, Practitioners are not given an opportunity to review the purported patient's real medical records. Furthermore, the Telemedicine Company may direct Practitioners to order or prescribe a preselected item or service, regardless of medical necessity or clinical appropriateness. In many cases, the Telemedicine Company sells the order or prescription generated by Practitioners to other individuals or entities that then fraudulently bill for the unnecessary items and services.

These schemes raise fraud concerns because of the potential for considerable harm to Federal health care programs and their beneficiaries, which may include: (1) an inappropriate increase in

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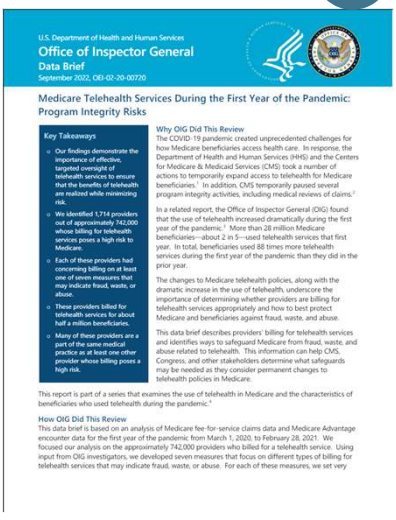
Telemental Health Post-PHE

ENFORCEMENT AND COMPLIANCE—OIG'S SEPTEMBER 2022 DATA BRIEF

- OIG evaluated Medicare fee-for-service claims data and Medicare Advantage encounter data for the first year of the pandemic (Mar. 2020 thru Feb. 2021)
- OIG developed 7 potential indicators of fraud, waste, or abuse:
  - Billing both a telehealth service and a facility fee for most visits;
  - Billing telehealth services at highest, most expensive level every time;
  - Billing telehealth services for a high number of days in a year;
  - Billing both Medicare FFS and a Medicare Advantage plan for the same service for a high proportion of services;
  - Billing a high average number of hours of telehealth services per visit;
  - Billing telehealth services for a high number of Medicare beneficiaries; and
  - Billing for a telehealth service and ordering medical equipment for a high proportion of Medicare beneficiaries
- Read the full Data Brief here



U.S. Department of Health and Human Services
Office of Inspector General
Data Brief
September 2022, OEI-02-20-00730

Medicare Telehealth Services During the First Year of the Pandemic: Program Integrity Risks

Key Takeaways

- Our findings demonstrate the importance of effective, targeted oversight of telehealth services to ensure that the benefits of telehealth are realized while minimizing risk.
- We identified 1,714 providers out of approximately 742,000 whose billing for telehealth services poses a high risk to Medicare.
- Each of these providers had concerning billing on at least one of seven measures that may indicate fraud, waste, or abuse.
- These providers billed for telehealth services for about half a million beneficiaries.
- Many of these providers are a part of the same medical practice as at least one other provider whose billing poses a high risk.

Why OIG Did This Review

The COVID-19 pandemic created unprecedented challenges for how Medicare beneficiaries access health care. In response, the Department of Health and Human Services (HHS) and the Centers for Medicare & Medicaid Services (CMS) took a number of actions to temporarily expand access to telehealth for Medicare beneficiaries.[1] In addition, CMS temporarily paused several program integrity activities, including medical reviews of claims.[2]

In a related report, the Office of Inspector General (OIG) found that the use of telehealth increased dramatically during the first year of the pandemic.[3] More than 28 million Medicare beneficiaries—about 2 in 5—used telehealth services that first year. In total, beneficiaries used 88 times more telehealth services during the first year of the pandemic than they did in the prior year.

The changes to Medicare telehealth policies, along with the dramatic increase in the use of telehealth, underscore the importance of determining whether providers are billing for telehealth services appropriately and how to best protect Medicare and beneficiaries against fraud, waste, and abuse.

This data brief describes providers' billing for telehealth services and identifies ways to safeguard Medicare from fraud, waste, and abuse related to telehealth. This information can help CMS, Congress, and other stakeholders determine what safeguards may be needed as they consider permanent changes to telehealth policies in Medicare.

This report is part of a series that examines the use of telehealth in Medicare and the characteristics of beneficiaries who used telehealth during the pandemic.[4]

How OIG Did This Review

This data brief is based on an analysis of Medicare fee-for-service claims data and Medicare Advantage encounter data for the first year of the pandemic from March 1, 2020, to February 28, 2021. We focused our analysis on the approximately 742,000 providers who billed for a telehealth service. Using input from OIG investigators, we developed seven measures that focus on different types of billing for telehealth services that may indicate fraud, waste, or abuse. For each of these measures, we set very

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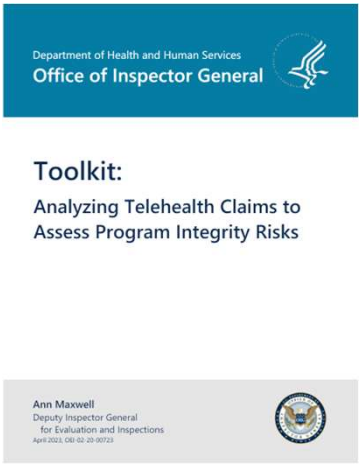
Legal and Regulatory Issues for Telehealth Providers

ENFORCEMENT AND COMPLIANCE—OIG'S APRIL 2023 TOOLKIT

- Provides information on methods to analyze telehealth claims to identify program integrity risks associated with those services.

Data analysis measures to apply:

1. Billing telehealth services at highest most expensive level for a high proportion of services
2. Billing high average number of hours of telehealth services per visit
3. Billing telehealth services for high number of days in a year
4. Billing telehealth services for high number of patients
5. Billing multiple health plans or programs for the same telehealth service for high proportion of services
6. Billing for telehealth service and then ordering medical equipment for high percentage of patients
7. Billing for both a telehealth service and a facility fee for most visits



- **Key takeaways highlighted in toolkit:**
  - Beneficiaries in urban areas, as well as dually eligible, Hispanic, younger, and female beneficiaries, more likely than others to use telehealth in Medicare
  - More than 28 million Medicare beneficiaries used telehealth during the first year of the pandemic, more than 2 out of every 5 Medicare beneficiaries
  - 84% of Medicare beneficiaries received telehealth services only from providers with whom they had an established relationship
  - All programs experienced dramatic increases in the use of telehealth. OIGs identified several program integrity risks associated with billing for telehealth services that were similar across these programs.

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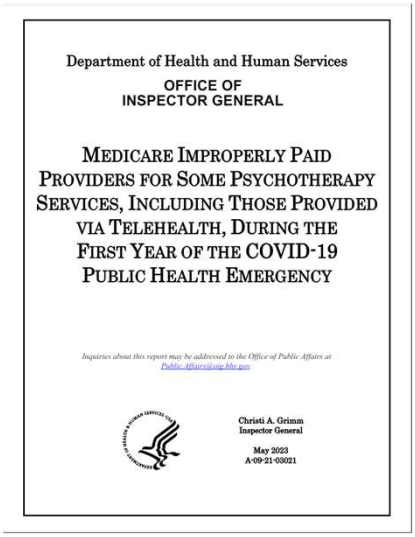
Telemental Health Post-PHE

ENFORCEMENT AND COMPLIANCE—OIG'S MAY 2023 AUDIT


Department of Health and Human Services
OFFICE OF
INSPECTOR GENERAL

MEDICARE IMPROPERLY PAID PROVIDERS FOR SOME PSYCHOTHERAPY SERVICES, INCLUDING THOSE PROVIDED VIA TELEHEALTH, DURING THE FIRST YEAR OF THE COVID-19 PUBLIC HEALTH EMERGENCY

Inquiries about this report may be addressed to the Office of Public Affairs at Public.Affairs@oig.hhs.gov

Christi A. Grimm
Inspector General

May 2023
A-09-21-03021

- Between Mar. 2020 and Feb. 2021, Medicare Part B paid **$1 billion** for psychotherapy services, including telehealth services
- OIG's audit found that providers did not meet Medicare requirements and guidance when billing for some psychotherapy services, including services provided via telehealth
- OIG estimated of the $1 billion Medicare paid for psychotherapy services, providers received $580 million in improper payments for services that did not comply with Medicare requirements—including $348 million for telehealth services
- OIG scheduled to publish an updated report in 2025
- Read the full Audit report here

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Telemental Health Post-PHE

COMPLIANCE CONSIDERATIONS

Tips for Health Care Professionals

- Ask basic questions
- Understand how data is managed, transmitted, shared, owned
- Document, document, document!
- Be wary of "easy money gigs"

Tips for Telehealth Companies

- Be mindful of requirements by state, payor, etc.
- Ensure program adheres to high clinical standards
- Seek and obtain accreditation from national standard-setting organizations (e.g., URAC)

Tips for Mitigating Risk

- Data analytics
- Claims analysis
- Compliance infrastructure, including regular auditing and monitoring (internal and external)

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Telemental Health Post-PHE

WHAT CHALLENGES PERSIST?

- ***Licensure***—So many regulations! Will states make efforts to coordinate and help providers navigate?
- ***Coverage and Reimbursement***—Will payors remain engaged?
- ***Priorities should include:***
  - Creating better pathways to interstate care
  - Promoting geographic neutrality
  - Encouraging value-based reimbursement models
  - Focusing on delivery to underserved communities

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EPSTEIN BECKER GREEN | PSYPACT®

Understanding PSYPACT

So, What is an Interstate Compact?

PSYPACT®

- What it is:
  - It is a body politic
  - It is an instrumentality of the state governments which join the compact
  - It has rulemaking authority, and its rules have the effect of law in the member states
  - It is, therefore, a multi-state governmental rulemaking body
- What it is not:
  - It is not a nonprofit corporation
  - It is not a private "membership" organization
  - It is not a professional association

Facts About Interstate Compacts

- Simple, versatile, and proven tool
- Effective means to address common problems
- Contract between states
- Responds to national priorities with one voice
- Retains collective state sovereignty over issues belonging to the states
- Assists states in developing and enforcing standards while providing a structure that can evolve to meet new and increased demands as needed.

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Is There More to Know About Compacts?

- Over 250 active compacts
- Each state is a member of at least one compact
- Typically, each state has been 20 to 40 compacts
- Compacts used for:
  - Borders and land / water administration
  - Transportation
  - Other
- Occupational Licensure Compacts now make up **15%** of all compacts
- Professions with Interstate Compacts for Occupational Licensure (www.licensureproject.org)

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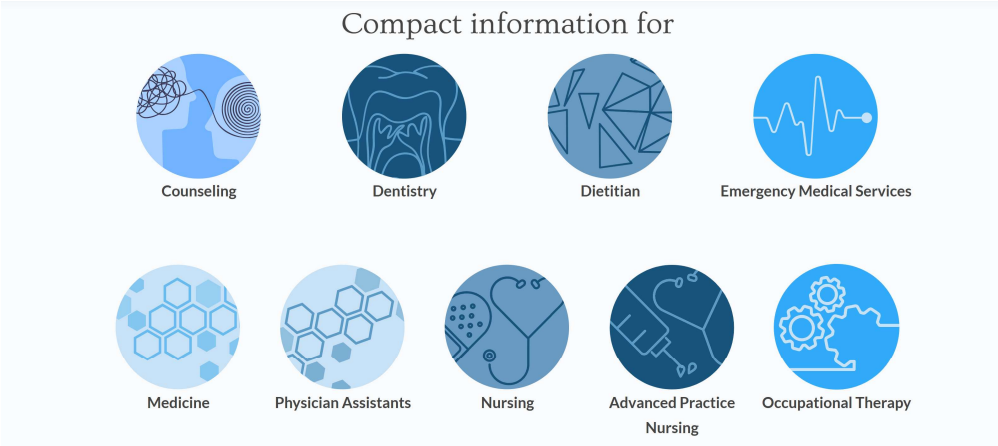
Multi-Discipline Licensure Resource Center
(licensureproject.org)



39

Multi-Discipline Licensure Resource Center
(licensureproject.org)

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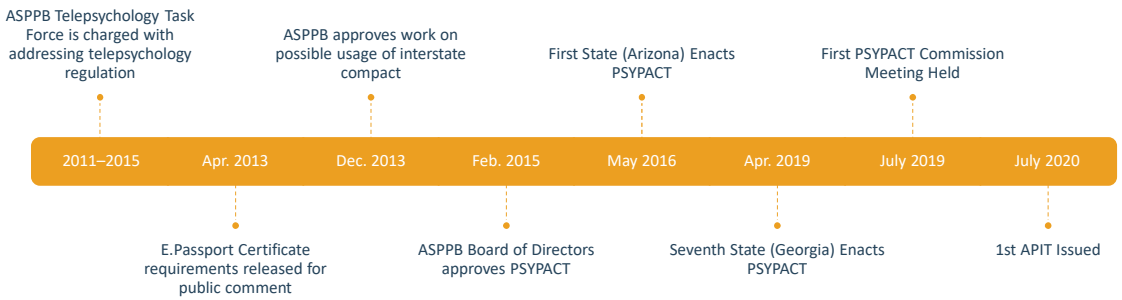
"Les, that license in your wallet, that's not an ordinary piece of paper, that's a driver's license… a license to go wherever, whenever and with whomever you choose."

License to Drive, 1988

41

History of PSYPACT



42

What is PSYPACT?

- Psychology Interjurisdictional Compact
- Interstate Compact
- Designed to regulate:
  - Telepsychology
  - Temporary in-person, face-to-face practice of psychology
- Focuses on psychology and psychologists

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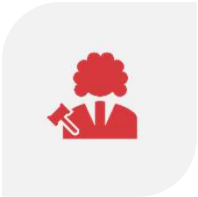
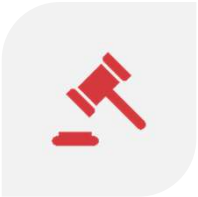
Why a Compact?



ADDRESS VARIATIONS IN LAWS AMONG JURISDICTIONS



ADDRESS DISCIPLINARY PROCESSES ACROSS JURISDICTION LINES

ADDRESS INCONSISTENCIES IN LICENSURE REQUIREMENTS FOR TELEPSYCHOLOGY

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What Are the Benefits of PSYPACT?


Increases client/patient access to care


Facilitates continuity of care when client/patient relocates, etc.


Ability to readily know legal requirements


Promotes cooperation across PSYPACT states in the area of licensure and regulation


Offers a higher degree of consumer protection across state lines

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What Was the PSYPACT Starting Point?

PSYPACT became operational when seven states enacted PSYPACT into law.

The Commission, the governing body of PSYPACT, was formed.

As new states enact PSYPACT into law, they join the Commission.

Each PSYPACT-participating state has one representative.

Bylaws and Rules need to be created by Commission.

PSYPACT states communicate and exchange information including verification of licensure and disciplinary sanctions.

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What is the Relationship Between ASPPB and the PSYPACT Commission?

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What Does the PSYPACT Commission Do?

Adopted Bylaws	Promulgated Rules	Policies and Procedures
Approved Annual Budget	Elect Executive Board	Establish Standing Committees

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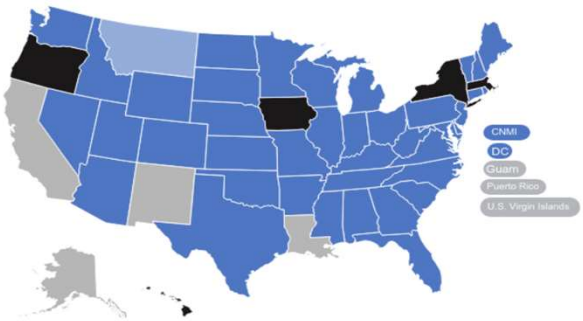
Current PSYPACT Status



Map Key

- PSYPACT Participating State
- PSYPACT Legislation introduced
- Enacted PSYPACT Legislation - practice under PSYPACT not permitted
- Non- PSYPACT State/ no active Legislation

PSYPACT® PARTICIPATING STATES (43 ENACTED, 42 EFFECTIVE)

For the most up-to-date list, please visit the PSYPACT website: https://psypact.org/page/psypactmap

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What PSYPACT Terms Are Important to Know?

- ***Telepsychology***
  - The provision of psychological services using telecommunication
- ***Home State***
  - The state where the psychologist is licensed
- ***Receiving State***
  - The state where the client/patient is physically located when the services are delivered
- ***Distant State***
  - The Compact State where the psychologist is *physically* present (not through use of telecommunications technologies) to provide temporary in-person, face-to-face psychological services
- ***Authority to Practice Interjurisdictional Telepsychology***
  - A licensed psychologist's authority to practice telepsychology within the limits authorized under PSYPACT
- ***Temporary Authorization to Practice***
  - A licensed psychologist's authority to conduct temporary in-person, face-to-face practice within the limits authorized under PSYPACT

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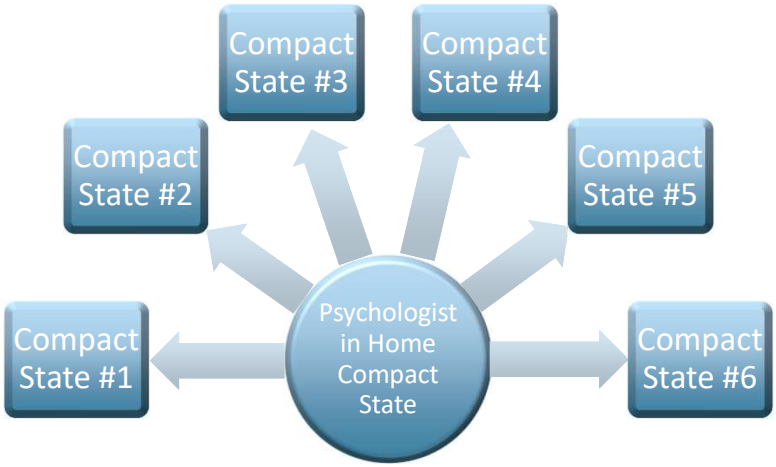
How Does Telepsychology Practice Work Under PSYPACT?



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How Does Telepsychology Practice Work Under PSYPACT?

A psychologist practicing in a Receiving State under the authority of PSYPACT will be subject to the Receiving State's scope of practice

4.10 State Law to Protect the Health and Safety of its Citizens

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Overall, How Does PSYPACT Work?

STATES ENACT PSYPACT

PSYPACT COMMISSION IS ESTABLISHED

LICENSED PSYCHOLOGISTS CAN PRACTICE UNDER THE AUTHORITY OF PSYPACT BY APPLYING FOR AND MEETING CRITERIA ESTABLISHED BY THE COMMISSION:

Authority to Practice Interjurisdictional Telepsychology (APIT)	Temporary Authorization to Practice (TAP)
Requires ASPPB E.PASSPORT	Requires ASPPB IPC
TO PRACTICE TELEPSYCHOLOGY	TO CONDUCT TEMPORARY IN-PERSON FACE-TO-FACE PRACTICE
INTO A RECEIVING STATE	IN A DISTANT STATE

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PSYPACT/Commission Requirements for Telepsychology (APIT)

- ACCEPTABLE GRADUATE DEGREE IN PSYCHOLOGY
- CURRENT FULL AND UNRESTRICTED LICENSE IN A COMPACT STATE
- NO HISTORY OF ADVERSE ACTION
- PROVIDE CURRENT, ACTIVE E.PASSPORT
- MEET OTHER CRITERIA ESTABLISHED BY COMMISSION

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Does PSYPACT Manage the E.Passport and its Requirements?

- E.Passport is an ASPPB Certificate
- Commission has agreement with ASPPB to provide services regarding vetting of E.Passport
- E.Passport requirements include:
  - Meet educational standards-doctoral degree from an APA/CPA or Joint Designated program
  - Possess current, full, and unrestricted license to practice psychology in a Home State which is a Compact State
  - Passing score on EPPP
  - No history of adverse action
  - Provide attestations in regard to areas of intended practice and work experience and provide a release of information to allow for primary source verification
  - Meet other criteria as defined by Rules of the Commission
  - Be held to Guidelines for the Practice of Telepsychology

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PSYPACT/Commission Requirements for Temporary Practice (TAP)

ACCEPTABLE GRADUATE DEGREE IN PSYCHOLOGY

CURRENT FULL AND UNRESTRICTED LICENSE IN A COMPACT STATE

NO HISTORY OF ADVERSE ACTION

PROVIDE CURRENT, ACTIVE INTERJURISDICTIONAL PRACTICE CERTIFICATE (IPC)

MEET OTHER CRITERIA ESTABLISHED BY COMMISSION

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Does PSYPACT Manage the IPC and its Requirements?

- IPC is an ASPPB Certificate
- Commission has agreement with ASPPB to provide services regarding vetting of IPC
- IPC requirements include:
  - Meet educational standards-doctoral degree from an APA/CPA or Joint Designated Program
  - Possess a current, full, and unrestricted license to practice psychology in a Home State which is a Compact State
  - **Passing score on EPPP**
  - No history of adverse action
  - Provide attestations in regard to areas of intended practice and work experience and provide a release of information to allow for primary source verification
  - Meet other criteria as defined by the Rules of the Commission

Exemptions to E.Passport / IPC Requirements

- Education
  - **Within 18 months of the time a degree was conferred** by the American Psychological Association, the Canadian Psychological Association, or designated as a psychology program by the Joint Designation Committee of the Association of State and Provincial Psychology Boards and the National Register of Health Service Psychologists.
  - Applicants who have been **licensed prior to January 1, 1985** and have continuously held a license (active or inactive) to practice psychology at the independent level in one or more ASPPB member jurisdictions, based on a doctoral degree in psychology from a regionally accredited institution, are deemed to have met the educational requirements for the E.Passport and/or IPC.
  - Psychologists who have been **continuously licensed (active or inactive) for 15 years** to practice psychology at the independent level in one or more ASPPB member jurisdictions **based on a doctoral degree in psychology conferred prior to January 1, 2000** from a regionally accredited institution may use the **Certificate of Professional Qualification (CPQ)** to meet the educational requirements of the E.Passport and/or IPC.
- Exam
  - Applicants who have been licensed **prior to January 1, 1985**, and have continuously held a license (active or inactive) to practice psychology at the independent level in one or more ASPPB member jurisdictions, based on a doctoral degree in psychology from a regionally accredited institution, are deemed to have met the educational requirements for the E.Passport and/or IPC.
  - For applicants who **took the EPPP prior to 2001**, the passing score is the jurisdictional passing score on which the doctoral-level license is based.

How to Apply to Practice Under PSYPACT

WHAT DO I NEED?

- In order to practice telepsychology under the authority of PSYPACT, you will need to obtain two PSYPACT related credentials:
  - ASPPB E.Passport **AND**
  - Authority to Practice Interjurisdictional Telepsychology (APIT) granted from the PSYPACT Commission
- You must first apply for and obtain an ASPPB E.Passport **before** your PSYPACT required APIT application will be started
- ***You cannot practice under PSYPACT until you have obtained your APIT***

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How to Apply to Practice Under PSYPACT

DOES PSYPACT MAKE SENSE FINANCIALLY FOR ME?

- Fees:
  - Application: $440 for E.Passport/APIT, $240 for IPC/TAP
  - Renewal: $120 for E.Passport/APIT, $70 for IPC/TAP
- Psychology Board Licensing Fees (www.asppbcentre.org):
  - Average $346 Initial Application Fee
  - Average $315 License Renewal Fee

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How to Apply to Practice Under PSYPACT

OTHER FACTORS TO CONSIDER – DISADVANTAGES

- Some problems may be less appropriately treated via telepsychology
- Some clients may not adapt well to telepsychology
- Crisis intervention might be compromised
- Limited view of non-verbal cues

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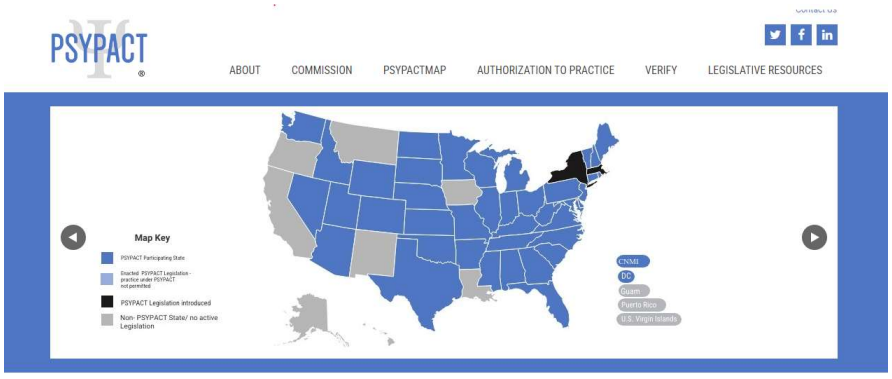
How to Apply to Practice Under PSYPACT

WHERE DO I GO FIRST TO APPLY (www.psypact.gov)?



PSYPACT: ADVANCING THE INTERJURISDICTIONAL PRACTICE OF PSYCHOLOGY®

Reducing regulatory barriers.

Increasing access to mental healthcare.

START YOUR PSYPACT APPLICATION TODAY!

TO START YOUR APPLICATION TO PRACTICE TELEPSYCHOLOGY UNDER PSYPACT, CLICK **HERE**.
TO START YOUR APPLICATION TO PRACTICE TEMPORARILY UNDER PSYPACT, CLICK **HERE.**

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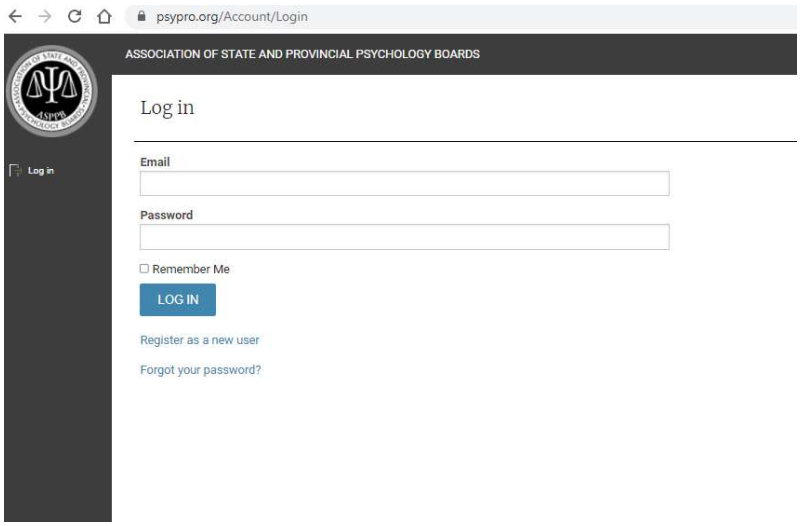
How to Apply to Practice Under PSYPACT

CREATING A PSY | PRO ACCOUNT

Login or Create a PSY|PRO Account (www.psypro.org)



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How to Apply to Practice Under PSYPACT

INITIATING A PSY | PRO APPLICATION

My Activity Summary

Welcome to your PSY|PRO ® Home page! Your Home page is a great place to track your Credentials Bank activity, apply for mobility certificates, and view your application and service history. To get started on your Credentials Bank record, edit any of the pages listed under the My Credentials Bank section below. To apply for our certificates or to make an EPPP Score Transfer request, make a selection from the Select an Activity feature to the right. Use the Application History section to access applications in progress or view completed application checklists. You can always come right back to your Home page by selecting Home in the navigation bar on the left. Let's get started!

My Application History

Your application history will show any open or completed applications. You can use this to access your open applications or view any completed application checklists.

Activity	Stage	Date Started	Actions

No additional applications at this time.

My Credentials Bank

Banking your credentials is very important for your future and is an excellent way to prepare for licensing and career needs. The Credentials Bank provides you with safe, long-term, electronic storage of your professional information and documents. Select Click to

My Info

Name: Janet Orwig
Email: jpippin2@asppb.org
Phone: 6782161188

Select an Activity

- Transferring my Credentials Bank
- Transferring my EPPP Score
- Applying through PLUS
- E.Passport/APIT Application
- IPC/TAP Application
- Applying for the CPQ
- Transferring my Records from a Closed Program
- Applying to take the PEP

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How to Apply to Practice Under PSYPACT

IMPORTANT POINTS TO NOTE IN THE PSY | PRO APPLICATION PROCESS

- Applicants **must** have their transcripts sent to ASPPB, and transcripts must be received and uploaded before applicants will be able to submit their applications for review
  - Electronically send transcripts to: transcripts@asppb.org
    - Mail transcripts to ASPPB, P. O. Box 849 Tyrone, GA 30290
    - For schools that have closed, contact Parchment at https://www.parchment.com/order/my-credentials/
- Applicants **must** have three (3) hours of training relevant to the use of technology in psychology for the E.Passport at the time of application

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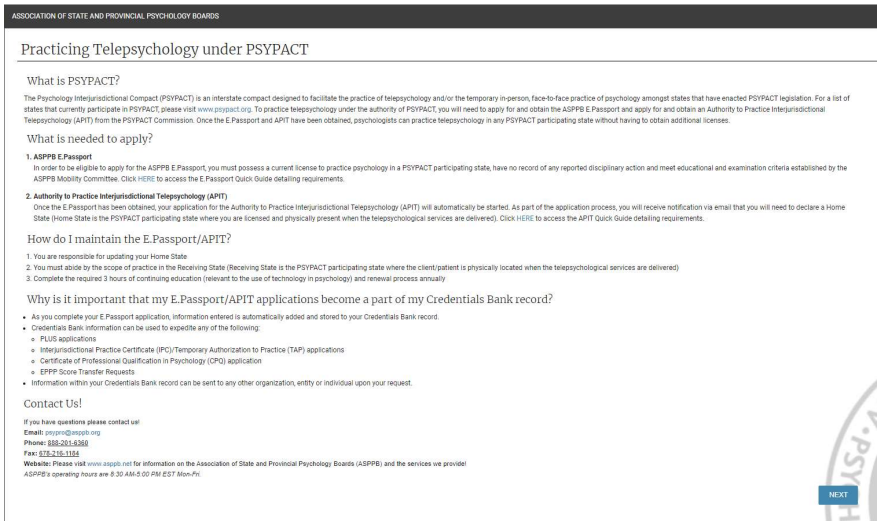
How to Apply to Practice Under PSYPACT

REVIEW PSY | PRO APPLICATION INFORMATION AND CLICK "NEXT"



ASSOCIATION OF STATE AND PROVINCIAL PSYCHOLOGY BOARDS

Practicing Telepsychology under PSYPACT

What is PSYPACT?

The Psychology Interjurisdictional Compact (PSYPACT) is an interstate compact designed to facilitate the practice of telepsychology and/or the temporary in-person, face-to-face practice of psychology amongst states that have enacted PSYPACT legislation. For a list of states that currently participate in PSYPACT, please visit www.psypact.org. To practice telepsychology under the authority of PSYPACT, you will need to apply for and obtain the ASPPB E.Passport and apply for and obtain an Authority to Practice Interjurisdictional Telepsychology (APIT) from the PSYPACT Commission. Once the E.Passport and APIT have been obtained, psychologists can practice telepsychology in any PSYPACT participating state without having to obtain additional licenses.

What is needed to apply?

1. **ASPPB E.Passport**
   In order to be eligible to apply for the ASPPB E.Passport, you must possess a current license to practice psychology in a PSYPACT participating state, have no record of any reported disciplinary action and meet educational and examination criteria established by the ASPPB Mobility Committee. Click HERE to access the E.Passport Quick Guide detailing requirements.
2. **Authority to Practice Interjurisdictional Telepsychology (APIT)**
   Once the E.Passport has been obtained, your application for the Authority to Practice Interjurisdictional Telepsychology (APIT) will automatically be started. As part of the application process, you will receive notification via email that you will need to declare a Home State (Home State is the PSYPACT participating state where you are licensed and physically present when the telepsychological services are delivered). Click HERE to access the APIT Quick Guide detailing requirements.

How do I maintain the E.Passport/APIT?

1. You are responsible for updating your Home State
2. You must abide by the scope of practice in the Receiving State (Receiving State is the PSYPACT participating state where the client/patient is physically located when the telepsychological services are delivered)
3. Complete the required 3 hours of continuing education (relevant to the use of technology in psychology) and renewal process annually

Why is it important that my E.Passport/APIT applications become a part of my Credentials Bank record?

- As you complete your E.Passport application, information entered is automatically added and stored to your Credentials Bank record.
- Credentials Bank information can be used to expedite any of the following:
  - PLUS applications
  - Interjurisdictional Practice Certificate (IPC)/Temporary Authorization to Practice (TAP) applications
  - Certificate of Professional Qualification in Psychology (CPQ) application
  - EPPP Score Transfer Requests
- Information within your Credentials Bank record can be sent to any other organization, entity or individual upon your request.

Contact Us!

If you have questions please contact us!
Email: psypact@asppb.org
Phone: 888-201-6360
Fax: 678-216-1184
Website: Please visit www.asppb.net for information on the Association of State and Provincial Psychology Boards (ASPPB) and the services we provide!
ASPPB's operating hours are 8:30 AM-5:00 PM EST Mon-Fri.

NEXT

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How to Apply to Practice Under PSYPACT

STARTING YOUR APPLICATION!

E.Passport/APIT Application

Before proceeding with your application, PSYPACT requires that applicants hold an active license to practice psychology in a PSYPACT participating state, which is a state that has enacted and effective* PSYPACT legislation. Do you have an active license to practice psychology in at least one of the following PSYPACT participating states? **You must be physically located in your PSYPACT home state of licensure while providing telepsychological services under PSYPACT authority. No exceptions are provided.**

*States often enact PSYPACT legislation that includes a later date in which the legislation becomes fully effective. The list below represents all PSYPACT participating states with enacted and effective legislation.

- Alabama
- Arizona
- Arkansas
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Florida
- Georgia
- Idaho
- Illinois

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How to Apply to Practice Under PSYPACT

PAYING E.PASSPORT AND APIT APPLICATION FEES

My Cart

•$40.00
•$400.00
•$440.00

License	Jurisdiction	Price	
Authority to Practice Interjurisdictional Telepsychology (APIT)		$41.00	
E. Passport		$401.00	
	Total	$442.00	PROCEED TO CHECKOUT

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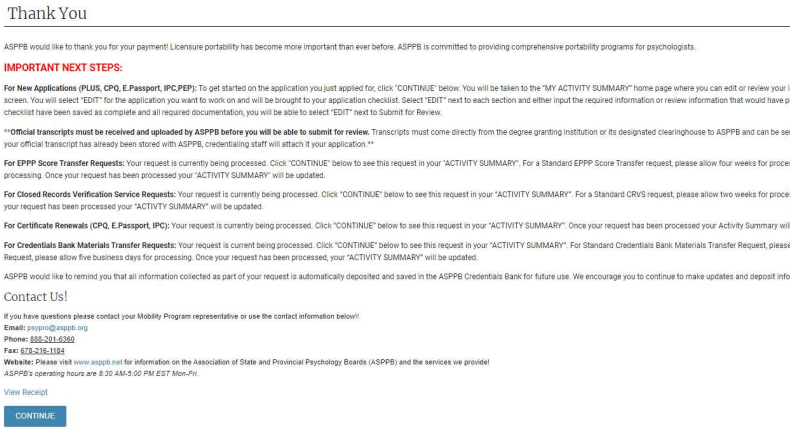
How to Apply to Practice Under PSYPACT

REVIEWING "THANK YOU" PAGE



Thank You

ASPPB would like to thank you for your payment! Licensure portability has become more important than ever before. ASPPB is committed to providing comprehensive portability programs for psychologists.

IMPORTANT NEXT STEPS:

For New Applications (PLUS, CPQ, E.Passport, IPC,PEP): To get started on the application you just applied for, click "CONTINUE" below. You will be taken to the "MY ACTIVITY SUMMARY" home page where you can edit or review your
screen. You will select "EDIT" for the application you want to work on and will be brought to your application checklist. Select "EDIT" next to each section and either input the required information or review information that would have p
checklist have been saved as complete and all required documentation, you will be able to select "EDIT" next to Submit for Review.

****Official transcripts must be received and uploaded by ASPPB before you will be able to submit for review.** Transcripts must come directly from the degree granting institution or its designated clearinghouse to ASPPB and can be se
your official transcript has already been stored with ASPPB, credentialing staff will attach it your application.**

For EPPP Score Transfer Requests: Your request is currently being processed. Click "CONTINUE" below to see this request in your "ACTIVITY SUMMARY". For a Standard EPPP Score Transfer request, please allow four weeks for proce
processing. Once your request has been processed your "ACTIVITY SUMMARY" will be updated.

For Closed Records Verification Service Requests: Your request is currently being processed. Click "CONTINUE" below to see this request in your "ACTIVITY SUMMARY". For a Standard CRVS request, please allow two weeks for proce
your request has been processed your "ACTIVITY SUMMARY" will be updated.

For Certificate Renewals (CPQ, E.Passport, IPC): Your request is currently being processed. Click "CONTINUE" below to see this request in your "ACTIVITY SUMMARY". Once your request has been processed your Activity Summary wil

For Credentials Bank Materials Transfer Requests: Your request is current being processed. Click "CONTINUE" below to see this request in your "ACTIVITY SUMMARY". For Standard Credentials Bank Materials Transfer Request, please
Request, please allow five business days for processing. Once your request has been processed, your "ACTIVITY SUMMARY" will be updated.

ASPPB would like to remind you that all information collected as part of your request is automatically deposited and saved in the ASPPB Credentials Bank for future use. We encourage you to continue to make updates and deposit info

Contact Us!

If you have questions please contact your Mobility Program representative or use the contact information below!!
Email: psypro@asppb.org
Phone: 866-201-6360
Fax: 678-216-1184
Website: Please visit www.asppb.net for information on the Association of State and Provincial Psychology Boards (ASPPB) and the services we provide!
ASPPB's operating hours are 8:30 AM-5:00 PM EST Mon-Fri.

View Receipt

CONTINUE

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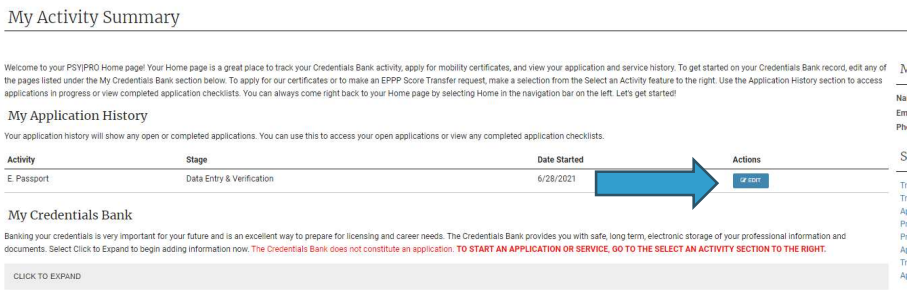
How to Apply to Practice Under PSYPACT

YOUR E.PASSPORT APPLICATION CHECKLIST



My Activity Summary

Welcome to your PSYPRO Home page! Your Home page is a great place to track your Credentials Bank activity, apply for mobility certificates, and view your application and service history. To get started on your Credentials Bank record, edit any of the pages listed under the My Credentials Bank section below. To apply for our certificates or to make an EPPP Score Transfer request, make a selection from the Select an Activity feature to the right. Use the Application History section to access applications in progress or view completed application checklists. You can always come right back to your Home page by selecting Home in the navigation bar on the left. Let's get started!

My Application History

Your application history will show any open or completed applications. You can use this to access your open applications or view any completed application checklists.

Activity	Stage	Date Started	Actions
E. Passport	Data Entry & Verification	6/28/2021	EDIT

My Credentials Bank

Banking your credentials is very important for your future and is an excellent way to prepare for licensing and career needs. The Credentials Bank provides you with safe, long term, electronic storage of your professional information and documents. Select Click to Expand to begin adding information now. The Credentials Bank does not constitute an application. **TO START AN APPLICATION OR SERVICE, GO TO THE SELECT AN ACTIVITY SECTION TO THE RIGHT.**

CLICK TO EXPAND

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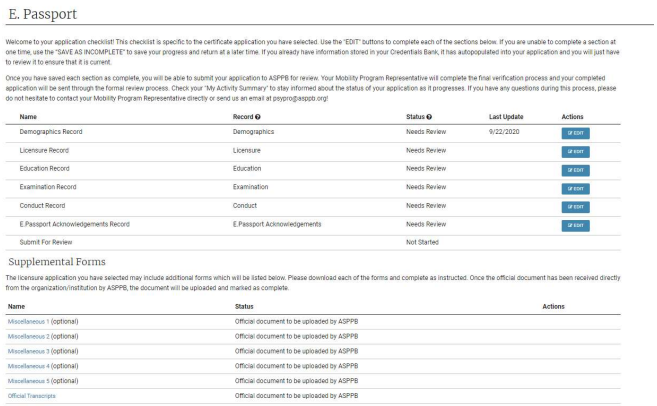
How to Apply to Practice Under PSYPACT

UPDATING FORMS



E. Passport

Welcome to your application checklist! This checklist is specific to the certificate application you have selected. Use the "EDIT" buttons to complete each of the sections below. If you are unable to complete a section at one time, use the "SAVE AS INCOMPLETE" to save your progress and return at a later time. If you already have information stored in your Credentials Bank, it has autopopulated into your application and you will just have to review it to ensure that it is current.

Once you have saved each section as complete, you will be able to submit your application to ASPPB for review. Your Mobility Program Representative will complete the final verification process and your completed application will be sent through the formal review process. Check your "My Activity Summary" to stay informed about the status of your application as it progresses. If you have any questions during this process, please do not hesitate to contact your Mobility Program Representative directly or send us an email at psypro@asppb.org!

Name	Record	Status	Last Update	Actions
Demographics Record	Demographics	Needs Review	9/22/2020	EDIT
Licensure Record	Licensure	Needs Review		EDIT
Education Record	Education	Needs Review		EDIT
Examination Record	Examination	Needs Review		EDIT
Conduct Record	Conduct	Needs Review		EDIT
E.Passport Acknowledgements Record	E.Passport Acknowledgements	Needs Review		EDIT
Submit For Review		Not Started		

Supplemental Forms

The licensure application you have selected may include additional forms which will be listed below. Please download each of the forms and complete as instructed. Once the official document has been received directly from the organization/institution by ASPPB, the document will be uploaded and marked as complete.

Name	Status	Actions
Miscellaneous 1 (optional)	Official document to be uploaded by ASPPB	
Miscellaneous 2 (optional)	Official document to be uploaded by ASPPB	
Miscellaneous 3 (optional)	Official document to be uploaded by ASPPB	
Miscellaneous 4 (optional)	Official document to be uploaded by ASPPB	
Miscellaneous 5 (optional)	Official document to be uploaded by ASPPB	
Official Transcripts	Official document to be uploaded by ASPPB	

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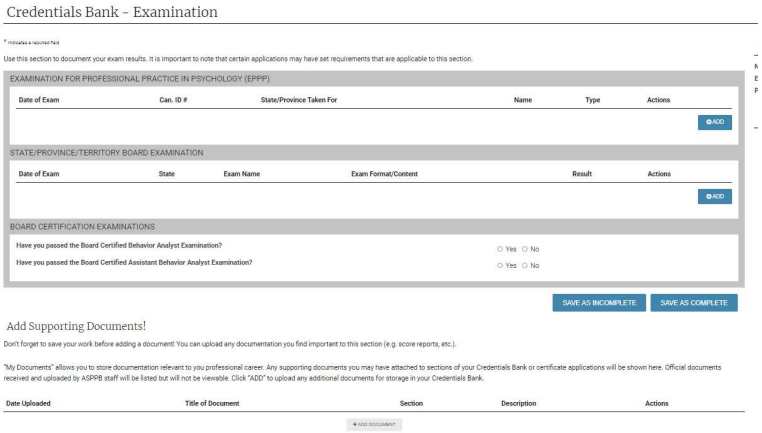
How to Apply to Practice Under PSYPACT

UPDATING CREDENTIALS BANK – EXAMINATION INFORMATION



Credentials Bank - Examination

Use this section to document your exam results. It is important to note that certain applications may have set requirements that are applicable to this section.

EXAMINATION FOR PROFESSIONAL PRACTICE IN PSYCHOLOGY (EPPP)

Date of Exam	Can. ID #	State/Province Taken For	Name	Type	Actions

ADD

STATE/PROVINCE/TERRITORY BOARD EXAMINATION

Date of Exam	State	Exam Name	Exam Format/Content	Result	Actions

ADD

BOARD CERTIFICATION EXAMINATIONS

Have you passed the Board Certified Behavior Analyst Examination? ○ Yes ○ No

Have you passed the Board Certified Assistant Behavior Analyst Examination? ○ Yes ○ No

SAVE AS INCOMPLETE | SAVE AS COMPLETE

Add Supporting Documents!

Don't forget to save your work before adding a document! You can upload any documentation you find important to this section (e.g. score reports, etc.).

"My Documents" allows you to store documentation relevant to you professional career. Any supporting documents you may have attached to sections of your Credentials Bank or certificate applications will be shown here. Official documents received and uploaded by ASPPB staff will be listed but will not be viewable. Click "ADD" to upload any additional documents for storage in your Credentials Bank.

Date Uploaded	Title of Document	Section	Description	Actions

ADD DOCUMENT

ASPPB MAINTAINS A REPOSITORY OF ALL EPPP SCORES. WE ONLY NEED APPROXIMATE INFORMATION ABOUT YOUR EPPP TO MATCH TO OUR RECORDS.

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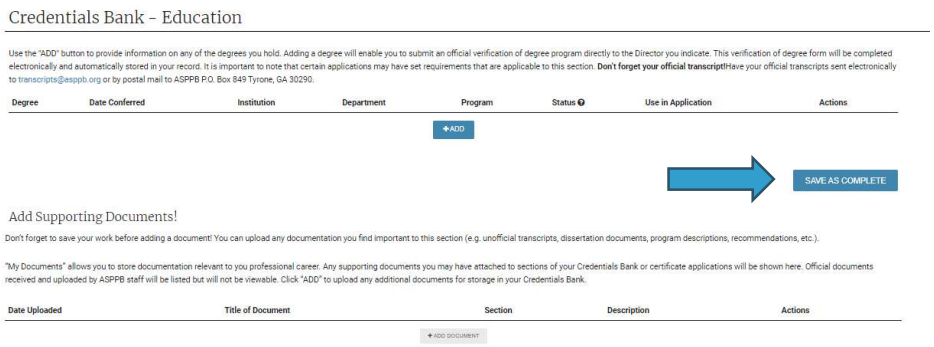
How to Apply to Practice Under PSYPACT

UPDATING CREDENTIALS BANK – EDUCATION INFORMATION



73

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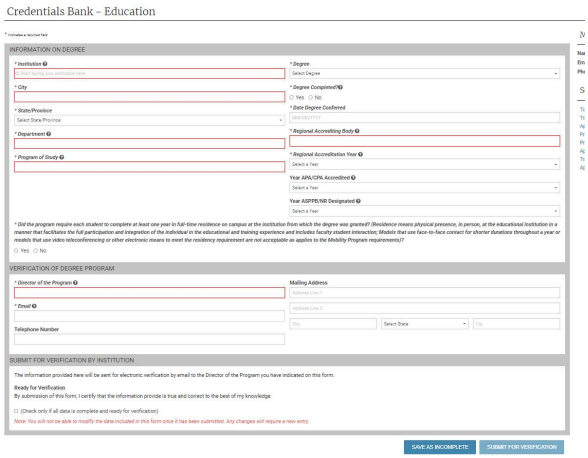
UPDATING CREDENTIALS BANK – EDUCATION INFORMATION



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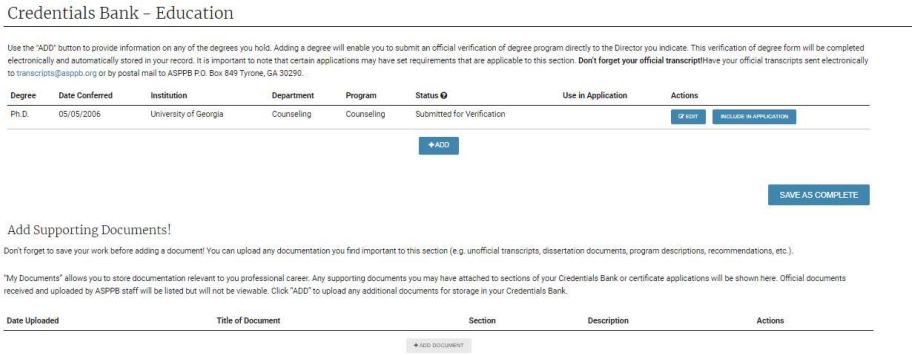
How to Apply to Practice Under PSYPACT

UPDATING CREDENTIALS BANK – EDUCATION INFORMATION



Credentials Bank - Education

Use the "ADD" button to provide information on any of the degrees you hold. Adding a degree will enable you to submit an official verification of degree program directly to the Director you indicate. This verification of degree form will be completed electronically and automatically stored in your record. It is important to note that certain applications may have set requirements that are applicable to this section. **Don't forget your official transcripts!**Have your official transcripts sent electronically to transcripts@asppb.org or by postal mail to ASPPB P.O. Box 849 Tyrone, GA 30290.

Degree	Date Conferred	Institution	Department	Program	Status	Use in Application	Actions
Ph.D.	05/05/2006	University of Georgia	Counseling	Counseling	Submitted for Verification		EDIT INCLUDE IN APPLICATION

+ADD

SAVE AS COMPLETE

Add Supporting Documents!

Don't forget to save your work before adding a document! You can upload any documentation you find important to this section (e.g. unofficial transcripts, dissertation documents, program descriptions, recommendations, etc.).

"My Documents" allows you to store documentation relevant to you professional career. Any supporting documents you may have attached to sections of your Credentials Bank or certificate applications will be shown here. Official documents received and uploaded by ASPPB staff will be listed but will not be viewable. Click "ADD" to upload any additional documents for storage in your Credentials Bank.

Date Uploaded	Title of Document	Section	Description	Actions

+ ADD DOCUMENT

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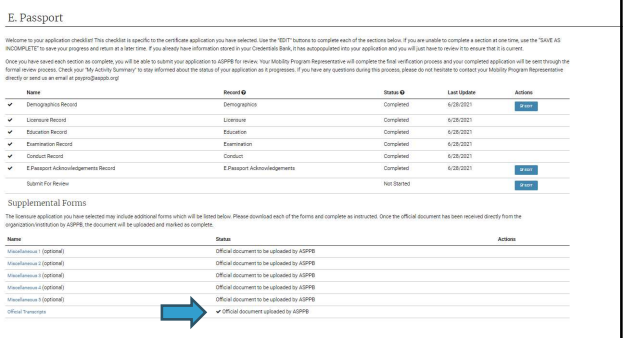
How to Apply to Practice Under PSYPACT

SUBMITTING E.PASSPORT APPLICATIONS

- You will not be able to officially submit your E.Passport application until we have received and uploaded an official copy of your transcripts to your E.Passport application.
- Send transcripts to:
  - Send transcripts electronically to: transcripts@asppb.org
  - Mail transcripts to ASPPB, P. O. Box 849, Tyrone, GA 30290
  - For schools that have closed, contact Parchment at https://www.parchment.com/order/my-credentials/
- ***You will receive an email when your transcripts have been uploaded to your application.***



E. Passport

Welcome to your application checklist This checklist is specific to the certificate application you have selected. Use the "EDIT" buttons to complete each of the sections below. If you are unable to complete a section at one time, use the "SAVE AS INCOMPLETE" to save your progress and return at a later time. If you already have information stored in your Credentials Bank, it has autopopulated into your application and you will just have to review it to ensure that it is current.

Once you have saved each section as complete, you will be able to submit your application to ASPPB for review. Your Mobility Program Representative will complete the final verification process and your completed application will be sent through the formal review process. Check your "My Activity Summary" to stay informed about the status of your application as it progresses. If you have any questions during this process, please do not hesitate to contact your Mobility Program Representative directly or send us an email at psypro@asppb.org!

	Name	Record	Status	Last Update	Actions
✔	Demographics Record	Demographics	Completed	6/28/2021	EDIT
✔	Licensure Record	Licensure	Completed	6/28/2021	
✔	Education Record	Education	Completed	6/28/2021	
✔	Examination Record	Examination	Completed	6/28/2021	
✔	Conduct Record	Conduct	Completed	6/28/2021	
✔	E.Passport Acknowledgements Record	E.Passport Acknowledgements	Completed	6/28/2021	EDIT
	Submit For Review		Not Started		EDIT

Supplemental Forms

The licensure application you have selected may include additional forms which will be listed below. Please download each of the forms and complete as instructed. Once the official document has been received directly from the organization/institution by ASPPB, the document will be uploaded and marked as complete.

Name	Status	Actions
Miscellaneous 1 (optional)	Official document to be uploaded by ASPPB	
Miscellaneous 2 (optional)	Official document to be uploaded by ASPPB	
Miscellaneous 3 (optional)	Official document to be uploaded by ASPPB	
Miscellaneous 4 (optional)	Official document to be uploaded by ASPPB	
Miscellaneous 5 (optional)	Official document to be uploaded by ASPPB	
Official Transcripts	✔ Official document uploaded by ASPPB	

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How to Apply to Practice Under PSYPACT

ACKNOWLEDGMENTS

IMPORTANT! NEW APPLICATION REQUIREMENT!

☐ * I acknowledge that I successfully completed three (3) hours of training relevant to the use of technology in psychology before applying for the E.Passport.

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How to Apply to Practice Under PSYPACT

APPLICATION APPROVAL TIMELINE

☐ I attest that all information in the above records is accurate to the best of my knowledge.

FOR PLUS APPLICATIONS

I acknowledge and agree that submission of this application does not create any right to a legal review of any application decision nor does such submission create any cause of action against ASPPB or any claim for damages if I am denied a li

FOR CPQ, E.PASSPORT, AND IPC APPLICATIONS

I acknowledge and agree that submission of this application does not create any right to a legal review of any application decision nor does such submission create any cause of action against ASPPB, its Mobility Program Committee members

I acknowledge that I have read and will abide by the ASPPB Mobility Program Policies and Procedures and I understand that the Policies and Procedures, relative to the review of credentials, may be subject to change by ASPPB, but will not impac

I acknowledge that I have not been promised or guaranteed that my qualifications will result in the granting of any certificate by the ASPPB Mobility Program nor that the granting of any certificate by the ASPPB Mobility Program will result in licer

FOR APIT and TAP APPLICATIONS

I acknowledge and agree that submission of this application does not create any right to a legal review of any application decision nor does such submission create any cause of action against the PSYPACT Commission or its Committee memb

I acknowledge that I have not been promised or guaranteed that my qualifications will result in the granting of any certificate by the PSYPACT Commission.

FOR CPQ VERIFICATION REQUESTS

I acknowledge and agree that submission of this request does not create any right to a legal review of any application decision nor does such submission create any cause of action against ASPPB, its Mobility Program Committee members or a

FOR EXAM REGISTRATIONS

I acknowledge and agree that submission of this registration application does not create any right to a legal review of any application decision nor does such submission create any cause of action against ASPPB or any claim for damages if I an

SUBMIT FOR REVIEW

IMPORTANT! PLEASE ALLOW <u>AT LEAST 4 WEEKS</u> FOR PROCESSING AND REVIEW OF YOUR APPLICATION.

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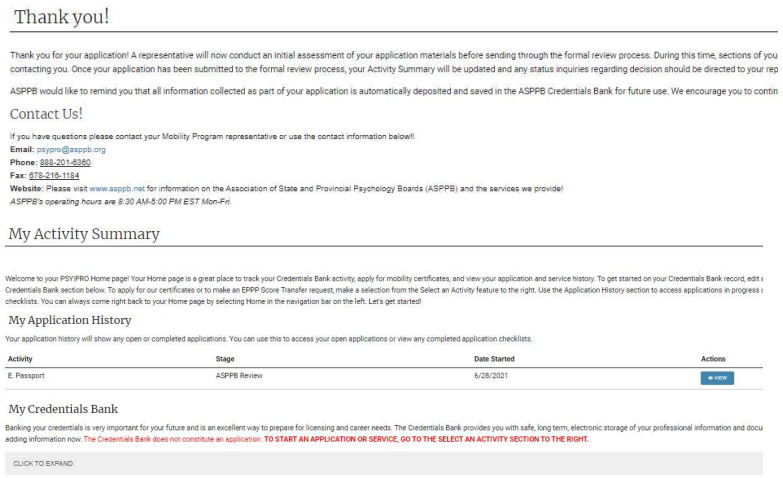
How to Apply to Practice Under PSYPACT

APPLICATION APPROVAL TIMELINE

IMPORTANT! PLEASE ALLOW AT LEAST 4 WEEKS FOR PROCESSING AND REVIEW OF YOUR APPLICATION.



Thank you!

Thank you for your application! A representative will now conduct an initial assessment of your application materials before sending through the formal review process. During this time, sections of you contacting you. Once your application has been submitted to the formal review process, your Activity Summary will be updated and any status inquiries regarding decision should be directed to your rep

ASPPB would like to remind you that all information collected as part of your application is automatically deposited and saved in the ASPPB Credentials Bank for future use. We encourage you to contin

Contact Us!

If you have questions please contact your Mobility Program representative or use the contact information below!!
Email: psypro@asppb.org
Phone: 888-201-6360
Fax: 678-216-1184
Website: Please visit www.asppb.net for information on the Association of State and Provincial Psychology Boards (ASPPB) and the services we provide!
ASPPB's operating hours are 8:30 AM-5:00 PM EST Mon-Fri.

My Activity Summary

Welcome to your PSYPRO Home page! Your Home page is a great place to track your Credentials Bank activity, apply for mobility certificates, and view your application and service history. To get started on your Credentials Bank record, edit
Credentials Bank section below. To apply for our certificates or to make an EPPP Score Transfer request, make a selection from the Select an Activity feature to the right. Use the Application History section to access applications in progress
checklists. You can always come right back to your Home page by selecting Home in the navigation bar on the left. Let's get started!

My Application History

Your application history will show any open or completed applications. You can use this to access your open applications or view any completed application checklists.

Activity	Stage	Date Started	Actions
E. Passport	ASPPB Review	6/28/2021	view

My Credentials Bank

Banking your credentials is very important for your future and is an excellent way to prepare for licensing and career needs. The Credentials Bank provides you with safe, long term, electronic storage of your professional information and docu
adding information now. The Credentials Bank does not constitute an application. **TO START AN APPLICATION OR SERVICE, GO TO THE SELECT AN ACTIVITY SECTION TO THE RIGHT.**

CLICK TO EXPAND

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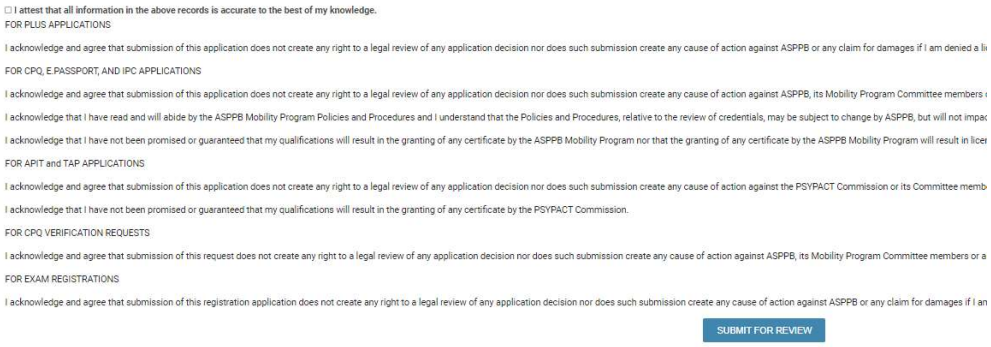
How to Apply to Practice Under PSYPACT

APPLICATION APPROVAL TIMELINE



☐ **I attest that all information in the above records is accurate to the best of my knowledge.**

FOR PLUS APPLICATIONS

I acknowledge and agree that submission of this application does not create any right to a legal review of any application decision nor does such submission create any cause of action against ASPPB or any claim for damages if I am denied a li

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SUBMIT FOR REVIEW

IMPORTANT! PLEASE ALLOW AT LEAST 4 WEEKS FOR PROCESSING AND REVIEW OF YOUR APPLICATION.

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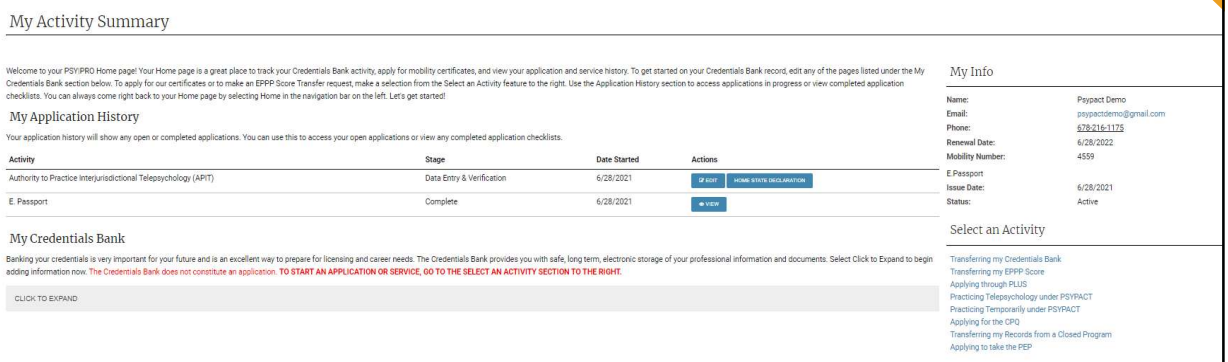
How to Apply to Practice Under PSYPACT

E.PASSPORT APPLICATION STATUS



YOU WILL RECEIVE AN EMAIL LETTING YOU KNOW THE OUTCOME OF YOUR E.PASSPORT APPLICATION. PENDING APPROVAL, AN APIT APPLICATION WILL AUTOMATICALLY BE STARTED FOR YOU.

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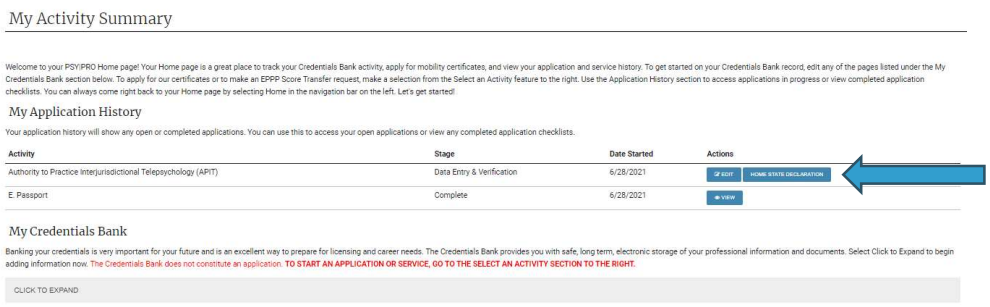
How to Apply to Practice Under PSYPACT

APIT APPLICATION CHECKLIST



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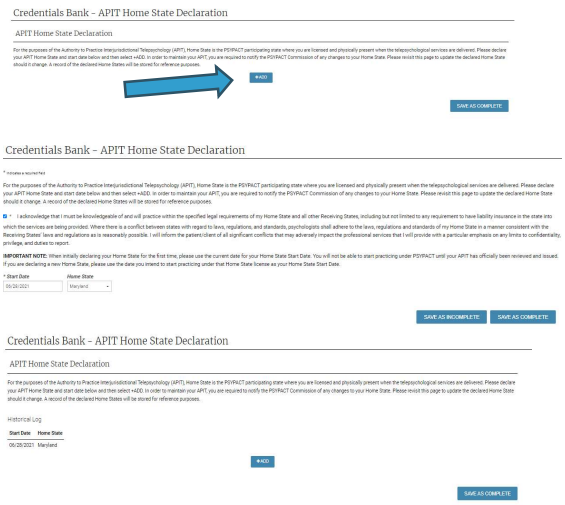
How to Apply to Practice Under PSYPACT

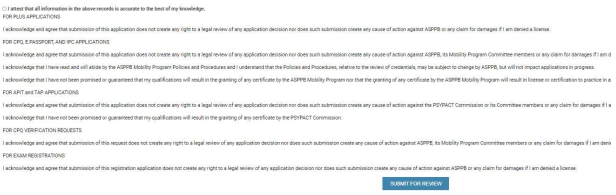
UPDATING YOUR APIT HOME STATE

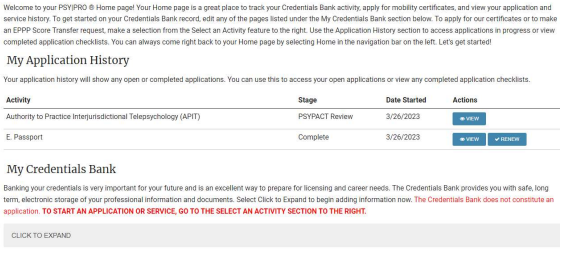
Name	Record	Status	Last Update	Actions
✔ Demographics Record	Demographics	Approved	4/8/2022	
✔ Licensure Record	Licensure	Approved	8/9/2021	
✔ Education Record	Education	Approved		
✔ Conduct Record	Conduct	Approved	8/11/2021	
✔ E. Passport Acknowledgements Record	E.Passport Acknowledgements	Approved	4/8/2022	
Authority to Practice Interjurisdictional Telepsychology (APIT) Home State Declaration Record	APIT Home State	In Progress		EDIT
Submit For Review		Not Started		



How to Apply to Practice Under PSYPACT

SUBMITTING YOUR APIT APPLICATION FOR REVIEW



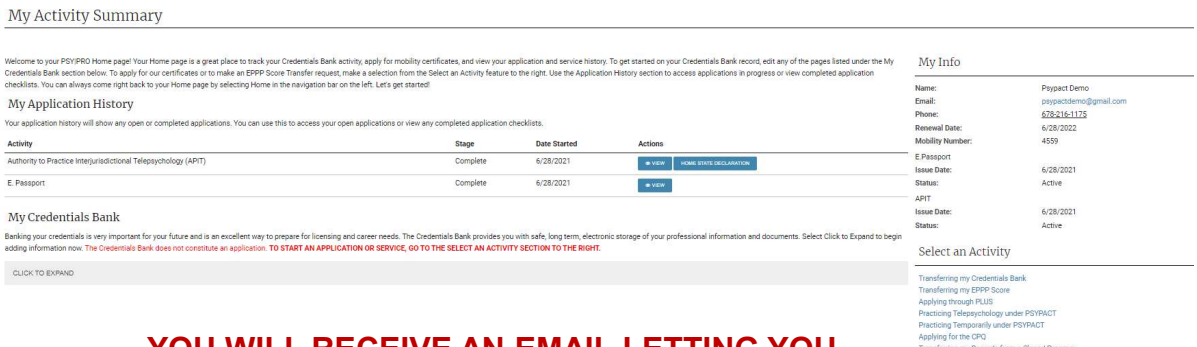


Name	Record	Status	Last Update	Actions
✔ Demographics Record	Demographics	Approved	4/8/2022	
✔ Licensure Record	Licensure	Approved	8/9/2021	
✔ Education Record	Education	Approved		
✔ Conduct Record	Conduct	Approved	8/11/2021	
✔ E. Passport Acknowledgements Record	E.Passport Acknowledgements	Approved	4/8/2022	
✔ Authority to Practice Interjurisdictional Telepsychology (APIT) Home State Declaration Record	APIT Home State	Completed	6/3/2022	EDIT
Submit For Review		Not Started	6/3/2022	EDIT

IMPORTANT! PLEASE ALLOW AT LEAST 2 WEEKS FOR PROCESSING AND REVIEW OF YOUR APPLICATION.

How to Apply to Practice Under PSYPACT

YOUR PSY | PRO DASHBOARD AFTER APIT IS ISSUED



YOU WILL RECEIVE AN EMAIL LETTING YOU KNOW THE OUTCOME OF YOUR APIT APPLICATION.

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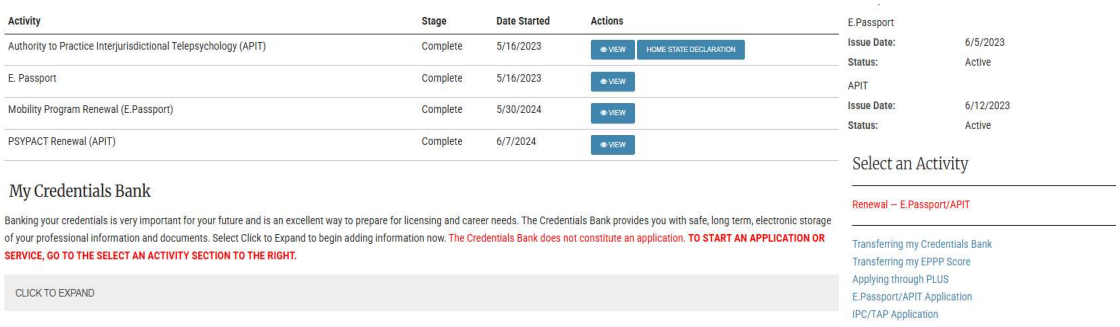
How to Renew Authority to Practice Under PSYPACT

GETTING A RENEWAL STARTED



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How to Renew Authority to Practice Under PSYPACT

RENEWAL PROCESS

- E.Passport First
  - Use the red link to access the renewal
  - Complete the entries, include CE information
  - Submit for review
- APIT Second:
  - Once you receive email about successful E.Passport renewal
  - Complete all sections including declaring a Home State
  - Submit for review

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How to Renew Authority to Practice Under PSYPACT

IS CONTINUING EDUCATION REQUIRED?

- The ASPPB E.Passport requires 3 hours of continuing professional development and/or continuing education relevant to the use of technology in psychology
- Areas may include:
  - Academic Courses
  - Approved Sponsor Continuing Education
  - Self-directed learning (e.g., reading, videos, must involve an unsponsored activity)
    - A completed verification form provided by ASPPB must be completed.
  - Specialized technology training
    - A completed verification form provided by ASPPB must be completed or a completed certification form must be provideds

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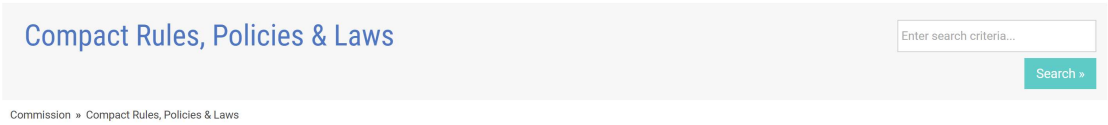
PSYPACT
GOVERNING DOCUMENTS



Commission » Compact Rules, Policies & Laws

Compact Law, Bylaws, Rules and Policies

Introduction

The Psychology Interjurisdictional Compact Commission is a quasi-governmental agency and is the sole entity permitted to administer the Compact. In doing its administrative work, the Commission must not only follow the language of the Compact, but also the rules and policies created by the Commission to govern itself.

The Commission's governance materials can be found on this page. Please see each section below for a brief description and its pertinent governance materials.

https://psypact.gov/page/governance

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PSYPACT
GOVERNANCE DOCUMENTS OF INTEREST

- Rules
  - Rule 4 – Compact Privileges to Practice Telepsychology
    - 4.10 State Law to Protect the Health and Safety of its Citizens
    - 4.13 Authorization Validity
  - Rule 5 – Compact Temporary Authorization to Practice
    - 5.10 State Law to Protect the Health and Safety of its Citizens
    - 5.13 Authorization Validity
  - Rule 6 – Conditions of Telepsychology Practice into a Receiving State
- Policies
  - Policy – 2.4 Notification of Change in Home State
  - Policy – 2.6 Guidelines for Advertising PSYPsACT Credentials

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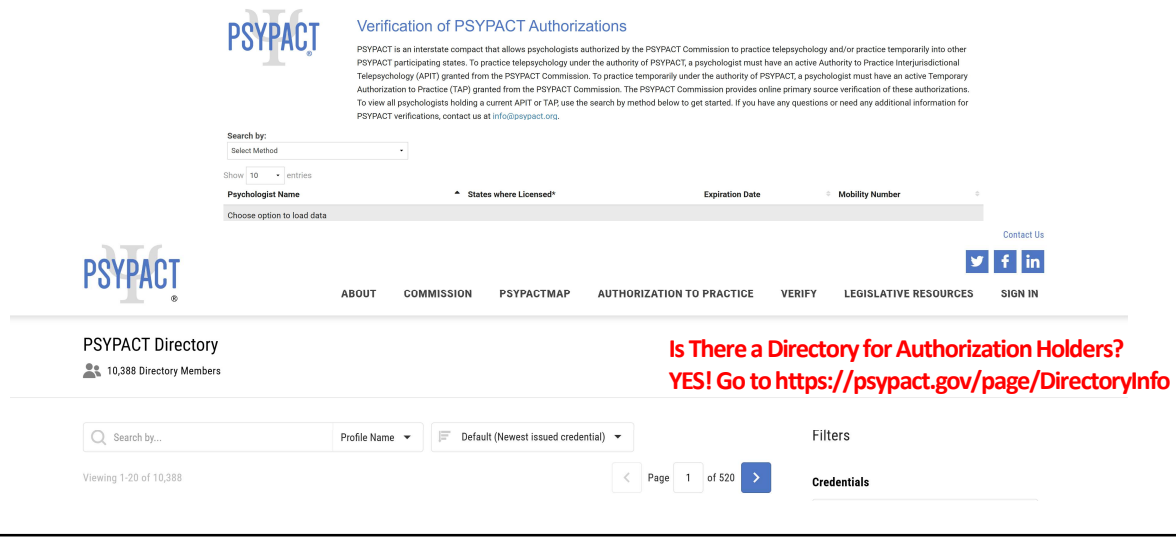
PSYPACT

HOW TO VERIFY MY AUTHORIZATION (verifypsypact.org) AND THE PSYPACT DIRECTORY



Is There a Directory for Authorization Holders?
YES! Go to https://psypact.gov/page/DirectoryInfo

PSYPACT

PSYPACT DIGITAL BADGES

- Virtual representation that an individual has been granted an authorization to practice by the PSYPACT Commission.
- Can be shared by Authorization Holders on social media, email signatures, and websites
- Assist Authorization Holders in properly identifying themselves as PSYPACT Authorization Holders
- Are verifiable and have built in security measures making them more difficult to replicate
- Comes in an email from info@psypact.org
- Issued at application approval and upon renewal
- Only active Authorization Holders will be issued a digital badge

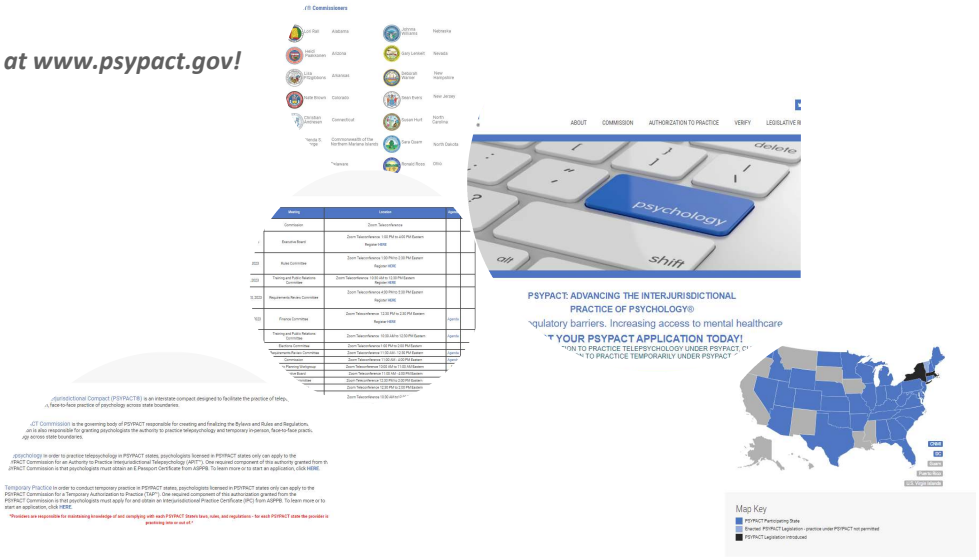
Authority to Practice Interjurisdictional Telepsychology (APIT®)

Temporary Authorization to Practice (TAP®)

PSYPACT

WHERE CAN I LEARN MORE?

Visit our website at www.psypact.gov!



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PSYPACT

WHERE ARE WE TODAY?

Strategic Plan

Outreach

Education

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EPSTEIN BECKER GREEN | PSYPACT®

Telehealth / Telepsychology in a Post-Pandemic World

Mental Health in America

2024 MENTAL HEALTH AMERICA SURVEY

- 23% of adults experienced mental illness during the past year
- 1 in 4 adults with frequent mental distress could not see a provider due to cost
- 10% of adults experiencing mental illness are uninsured
- 340 individuals for every one mental health provider in the U.S.

Source: The State of Mental Health in America – 2024 Edition

Is There Still a Use Case for Telemental Health Services?

HEALTH POLICY EXPERTS SAY YES!

- **According to Harvard Medical School policy experts**:
  - Pandemic-era rules that promoted telemedicine should be made permanent to protect gains in quality of care and greater access for millions of patients
  - Making the rules permanent should be done in a way that does not jeopardize in-person practices
  - Enhanced telemedicine services have led to higher quality of care and better access and only a modest increase in spending
  - Patient demand and evolving tools for remote health care require additional changes, including tweaks to interstate regulations

Source: [Telemedicine Can Change Care for the Better — With the Right Rules]

Is There Still a Use Case for Telemental Health Services?

HEALTH POLICY EXPERTS SAY YES!

- University of Michigan's Institute for Healthcare Policy and Innovation has concluded—with respect to outpatient utilization—that while mental health is a high driver of telehealth use, and primary care is a moderate one, telehealth did not cause a rise in total post-pandemic E&M visits among Medicare fee-for-service beneficiaries when compared to pre-pandemic levels (orthopedic surgery, for example, has low telehealth use).
- Immediately following the Mar. 2025 passage and signing of the Continuing Resolution, both the Center for Connected Health Policy and the National Telehealth Policy Resource Center cited the U. Michigan study, noting that recent Medicare utilization and spending findings support Medicare telehealth expansions, and do not support discontinuing the Medicare extensions on the grounds of increased patient utilization or costs.

Source: [*Center for Connected Health Policy, New Extensions & New Studies: Recent Medicare Utilization & Spending Findings Support Continuing Medicare Telehealth Expansions*]

Telehealth in a Post-Pandemic World

WHICH FLEXIBILITIES REMAIN?

- Congress extended many telehealth flexibilities via Consolidated Appropriations Acts of 2023, 2024, 2025
- ***Medicare and Telehealth***—through **September 30, 2025**, Medicare beneficiaries may:
  - Have access to telehealth services in any geographic area within the U.S. rather than only in rural areas
  - Stay in their homes for telehealth visits that Medicare pays for, rather than traveling to a health care facility
  - Receive certain telehealth services using audio-only technology (e.g., telephones)
- ***Medicaid and Telehealth***—post-PHE, CMS encouraged states to continue covering telehealth services post-pandemic. Certain Medicaid programs went beyond merely reimbursing office visit E&M codes and added a range of reimbursable telehealth services.
- ***Licensure***—increased state involvement in licensure compacts is helping to ease the burdens and decrease waiting times for providers seeking to engage in cross-state practice, while preserving states' desire to have regulatory oversight over licensed professionals

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Telehealth in a Post-Pandemic World

A SECOND ACT FOR TELEHEALTH?

- ***Opportunities abound!***
  - Reducing reliance on emergency care settings
  - Supporting better management of chronic disease
  - Addressing disparities in health care access and quality
  - Enhancing impact of and access to specialty care
- ***Priorities should include:***
  - Creating better pathways to interstate care
  - Promoting geographic neutrality
  - Encouraging value-based reimbursement models
  - Focusing on delivery to underserved communities
  - Leveraging remote monitoring technologies

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Ethical Considerations

Ethical Considerations for Telepsychology Providers

IS TELEHEALTH AN APPROPRIATE MODALITY FOR DELIVERING CARE?

- Are telehealth services appropriate for serving my client's clinical needs?
- Do I have sufficient technological understanding to competently service my clients using telehealth technology?
- Does my use of telehealth technology allow me to meet my client's cultural needs (e.g., language, beliefs, practices)?
- Does my client understand their treatment options and potential alternatives to using telehealth?
- Have I fully answered my client's questions regarding their privacy, coverage for treatment, etc.?

EPSTEIN BECKER GREEN | PSYPACT®

Q&A

EPSTEIN BECKER GREEN | PSYPACT®

Thank You!

Legal / Regulatory Resources

- Epstein Becker Green (www.ebglaw.com)
  - ***Meet our Telehealth team!***
  - ***Download the Telemental Health Laws App!***
  - ***Read the Health Law Advisor blog!***
- American Telemedicine Association (www.americantelemed.org)
- Alliance for Connected Care (www.connectwithcare.org/)
- Center for Connected Health Policy (www.cchpca.org)
- Center for Telehealth and eHealth Law (www.ctel.org)
- International Society for Telemedicine & eHealth (www.isfteh.org/)
- Telehealth Resource Centers (www.telehealthresourcecenter.org/)

PSYPACT Resources

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