

## TPA COVID-19 FAQs

Welcome to TPA's COVID-19 Frequently Asked Questions page. We will keep updating this page as new information arises, so be sure to check back regularly. If you have a question that is not addressed here, please email it to Jessica Magee, TPA's Executive Director, at [jessica@texaspsyc.org](mailto:jessica@texaspsyc.org).

These FAQs include:

- What advocacy efforts has TPA undertaken?
- What additional resources are available to TPA members during this time?
- Can I provide telehealth services?
- I am licensed in another state but do not have a license to practice in Texas, can I provide telehealth to an individual in Texas?
- I am licensed in Texas but I have a client in another state, can I provide telehealth to that individual outside of Texas?
- Are telehealth services covered by insurance?
- Can I supervise interns electronically?
- Can I conduct psychological evaluations through telehealth?
- What should I do if my license is due for renewal in the next few months and I am concerned about my number of professional development hours?
- If a psychologist becomes infected or tests positive for COVID-19, how should clients be informed?

### **What advocacy efforts has TPA undertaken?**

TPA has been actively advocating for all psychologists (not just TPA members) during this crisis. Notably, TPA has:

- Partnered with colleagues from other mental health associations to communicate with the Governor's Office regarding the importance of telehealth and ensuring continuity of coverage for the public and reimbursement for providers.
- Worked with TDI to ensure equal coverage without limitations for telemedicine and telehealth services.
- Coordinated with the APA regarding insurance plans that are not regulated by the state of Texas to ensure equal coverage without limitations for telehealth services including reducing barriers related to requirements to use specific telehealth platforms.
- Launched the TPA Pro Bono Project: COVID-19, an initiative that will provide up to two hours of free mental health services for qualifying Texans.
- Requested Governor Abbott and Texas DSHS re-establish a database of volunteer mental health professionals. Texas HHS is now offering a toll-free COVID-19 Mental Health Support Line: 833-986-1919.
- Encouraged Governor Abbott to address inconsistent policies in psychological and neuropsychological testing assessments.
- Worked closely with TSBEP regarding concerns raised by TPA members.

### **What additional resources are available to TPA members during this time?**

TPA President Dr. Megan Mooney provides weekly COVID-19 updates to TPA Newsletter subscribers, available here: <https://www.texaspsyc.org/page/Covid19>. Beginning last week, updates are now exclusively available for TPA members. Additionally, TPA hosted a free webinar on "Behavioral Health & Ethical Challenges as We Respond to Pandemics" by Dr. Rebecca Hamlin, available to members through their log-in portal. TPA also rolled out a new benefit, virtual chats. The first, "Providing Care During Chaos: Business Not as Usual" by Dr. Sarah Skelton, is also available on the member portal. TPA is also addressing concerns specific to your clients and practices as you contact our office. TPA members may also volunteer for TPA's Pro Bono Project: COVID-19.

However, everyone can follow our updates on:

- TPA's dedicated COVID-19 page: <https://www.texaspsyc.org/page/Covid19>
- Twitter: <https://twitter.com/TPPsychAssoc>
- Facebook: <https://www.facebook.com/TPAFans/>
- LinkedIn: <https://www.linkedin.com/company/texas-psychological-association>

### **Can I provide telehealth services?**

Texas psychologists may practice telehealth without any special certification, training, or notice to the TSBE, as long as they adhere to the same practice standards applicable to traditional or in-person settings. TSBE has published a set of [guidelines for the practice of telepsychology](#) that we encourage members to read and follow, but these guidelines are not rules. When practicing telehealth, make sure you are familiar with the technology being used, and make sure the patient or client understands the limitations of telehealth as part of the informed consent process.

Generally, licensees would also be required to use a HIPAA compliant method when providing telehealth services under normal circumstances. However, the Office for Civil Rights at the Department of Health and Human Services has indicated that it will not be enforcing HIPAA rules for telehealth communications against providers who in good faith, use non-HIPAA compliant non-public facing remote communication apps or services to deliver services to patients during the COVID-19 nationwide public health emergency. However, TPA encourages members to only use these options as a last resort.

In short, licensees who are comfortable with these basic steps are free to provide telehealth services in Texas so long as they think it appropriate for a particular patient or situation. If you are interested in learning more about how to safely and ethically provide telehealth services, the National Register of Health Service Psychologists has published a video on its website entitled [A Practical Guide to Providing Telepsychology with Minimal Risk](#).

**I am licensed in another state but do not have a license to practice in Texas, can I provide telehealth to an individual in Texas?**

Yes, you can. Pursuant to Section 418.171 of the Government Code, an out-of-state provider can provide telehealth services to a person located in Texas. However, in order to provide services, the provider must have a license in good standing in their state. Additionally, as noted above, the provider must be familiar with the technology being used and ensure that the client understands the limitations of teletherapy as part the informed consent process.

**I am licensed in Texas but I have a client in another state, can I provide telehealth to that individual outside of Texas?**

Texas is unable to unilaterally allow Texas providers to telehealth into other states. Some states have lowered their licensure barriers as Texas has, but still others have not. For more guidance on whether a particular state allows out-of-state licensees to provide telehealth services, you can visit [ASPPB's COVID-19 Resources](#). Additionally, the APA has compiled a [State-by-State Guide](#).

**Are telehealth services covered by insurance?**

TDI announced emergency rulemaking to ensure coverage of mental health services that are provided through telehealth. Pursuant to that rulemaking, insurers are required to reimburse telehealth services in the same way that they would reimburse in-person services. The rulemaking also requires coverage regardless of the platform, including audio-only delivery through a phone call.

This rulemaking does have some limitations. For example, the rulemaking only applies to insurance plans that are regulated by the state. This includes all marketplace plans and employer-sponsored plans that are fully funded by the insurer. These plans will have “TDI” or “DOI” written on the ID card. It does not include employer-sponsored plans that are self-funded by the employer. Some employers who administer self-funded plans have adopted similar reimbursement policies, but not all have. Therefore, if the ID card does not have “TDI” or “DOI” written on it, you should check with the insurer to determine if telehealth is covered. TPA is continuing to work on efforts to ensure coverage for telehealth on other plans in cooperation with state and national partners.

You can learn more about the emergency rulemaking [here](#).

**Can I supervise interns electronically?**

Governor Abbott has suspended TSBE Texas Administrative Code § 465.2(a)(7)(C) to ensure that supervisors and supervisees can continue delivering psychological services to the citizens of Texas without limitation on the amount of supervision that can occur through remote or electronic means. This suspension is in effect until terminated by the Office of the Governor or until the March 13, 2020 disaster declaration is lifted or expires.

### **Can I conduct psychological evaluations through telehealth?**

TSBEP allows for the practice of telepsychology, and they do not have any concerns with a psychologist utilizing telepsychology services when conducting psychological evaluations. In fact,

many large assessment publishers, including Pearson, Psychological Assessment Resources, and WPS, have made their tools accessible through telehealth. However, providers must adhere to the same standard of care that would be applicable in an in-person setting.

At this time, seeking reimbursement for any type of evaluation can be complicated as well. Medicare recently expanded its telehealth offerings to include psychological and neuropsychological testing. TPA has asked Medicaid to follow suit, but we have not received a response as of yet. State-regulated commercial insurance should also reimburse for these services, although TPA is also seeking clarification from the state on this issue.

Some specific evaluations have additional limitations, while others do not. Forensic evaluations, including custody evaluations, can be performed through telehealth. Veterans Affairs now allows disability evaluations through telehealth. However, Texas DDS is still requiring all eligibility evaluations to be conducted in person. TPA contacted DDS and was informed that guidance provided to all DDSs across the nation is that, at this time, Consultative Exam Providers (CEP) can only conduct video consultative examinations for psychiatric exams and psychological exams where testing is not necessary following scheduling guidelines outlined in the Social Security Administration (SSA) Program Operations Manual System (POMS) DI 22520.012. As of March 31, all in-person exams will be cancelled, effective April 6.

### **What should I do if my license is due for renewal in the next few months and I am concerned about my number of professional development hours?**

For now, please make all attempts complete your requirements for obtaining continuing professional development hours. However, at the TSBEP meeting in May, Board members will be discussing these concerns. We will keep this FAQ updated as we hear more.

### **If a psychologist becomes infected or tests positive for COVID-19, how should clients be informed? How do we avoid adding to their stress levels when they are already overburdened?**

Transparency is the most effective care. This situation is no different than any other situation where a psychologist becomes unable to provide services. When psychologists become unavailable due to illness or family emergency, it is important to inform clients quickly about the situation:

- I will not be able to visit with you as scheduled.
- I am unavailable because of:
  - Illness. Here is may be helpful to describe, in general terms,
    - What the illness is
    - How serious it is
    - The prognosis for recovery

- An emergency. Again, one may describe in general terms: e.g. sick child, death in the family, flood or fire at home or office.
- I expect to be out of touch for (expected duration of absence). If it is likely that the next appointment can be kept as scheduled, say so. If not, indicate a backup plan.
  - Can you be contacted in the interim?
    - If not, who is covering and how can that resource be reached? A second layer of backup is highly desirable and reassuring, when possible.
  - Address how the patient will be updated on any changes to the plan.
- Chart documentation of this notification and include an appraisal of how the patient has received this news.

Where possible, this contact should be direct, e.g. avoid text or email, and provided by the psychologist. If it is necessary to have a third person contact clients on a psychologist's behalf, this should be done by a licensed mental health provider. In addition to covering the points listed above, the stand-in should be prepared to conduct a triage evaluation of the client, much as would be done on a hotline.

Our clients care about us and are concerned about our welfare. The most healing message we can give is the honest one. Even when the news may be dire, it conveys confidence to the client when we communicate clearly what is going on---the psychologist is in good hands--- and what the likely implications are for the continuity of care. Some clients may feel protective of their psychologist. That is understandable, and while some self-disclosure may be inevitable, the overall message should emphasize optimism for the integrity of the client's treatment.