

Clarke Schools for Hearing and Speech

National Scan on State Early Intervention Telepractice Policies

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Executive Summary

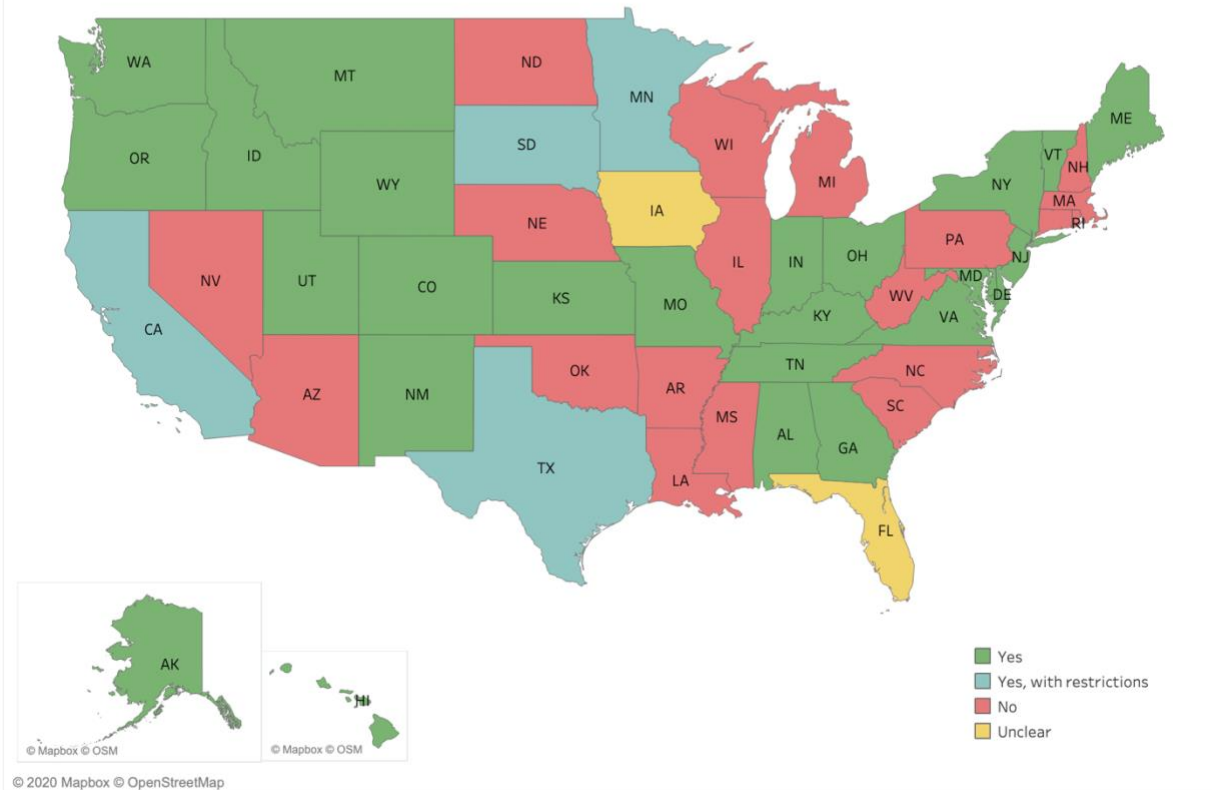
This report contains synthesized information on telepractice policies for early intervention (EI) services in all 50 U.S. states. Information came from publicly available copies of legislation, secondary sources such as the American Speech-Language-Hearing Association (ASHA), and conversations with relevant stakeholders in some states.

Based on early conversations with Clarke leadership, ten metrics by which to evaluate each state's policies were developed:

1. **Medicaid reimbursement** – understanding whether a state law or internal Medicaid policy allows for the reimbursement of EI telepractice through Medicaid. States where it is legally possible for Medicaid to reimburse but no reimbursement was taking place were marked as “No” in this category (e.g. Rhode Island, New York).
2. **Private payer reimbursement** – determining whether states required private health insurance companies to reimburse for EI telepractice. In most cases, this becomes a question of whether or not a state has *service parity*, in which a payer is required to reimburse for the tele-equivalent of a covered service.
3. **Parity** – here refers to payment parity: whether an insurer is required to reimburse providers at the same rate for in-person and telepractice versions of the same service.
4. **Geographic limits** – identifying regulations that impose distance-based restrictions for telepractice eligibility.
5. **Licensing regulations** – determining whether a state poses restrictions on the kinds of providers that can legally render EI telepractice (e.g. if a teacher of the deaf is eligible, or only an allied health professional)
6. **Cross-state licensing** – highlighting states' licensing policies for situations where a provider and patient may be located in different states
7. **Live video** – whether or not real-time, end-to-end teleconferencing is allowed for service rendering (as opposed to remote patient monitoring)
8. **Recording** – whether states allow the storage of footage from a telepractice session
9. **Practitioner presence requirement** – identifying state policies that require the patient receiving EI telepractice services to be physically present with a healthcare provider or in a clinical setting to be reimbursed
10. **Training requirements** – determining whether there is a high-level state policy on special training for an EI provider to be reimbursed for telepractice services.

The following pages will briefly summarize national trends and identify states with unique policies for each of the above ten metrics. The report will conclude with a discussion of key takeaways and next steps.

Medicaid Reimbursement



Medicaid Reimbursement

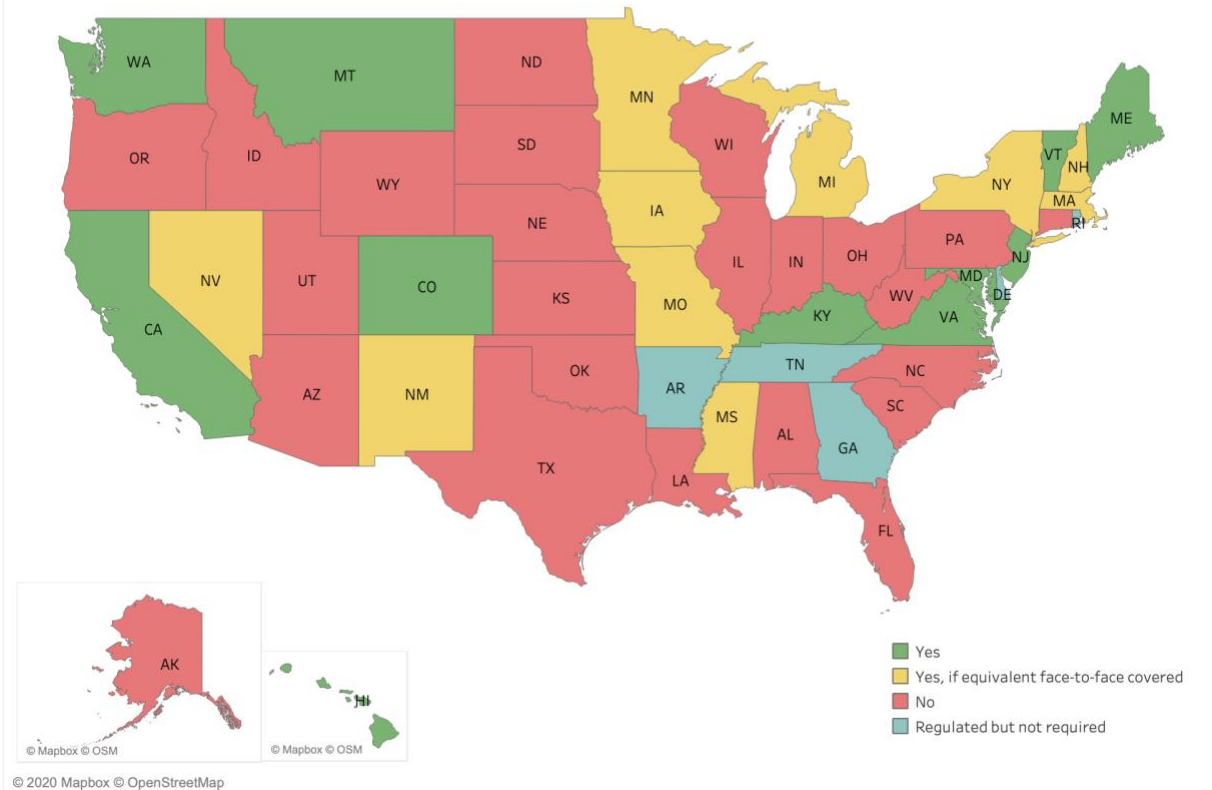
Twenty-five states currently reimburse for EI telepractice services through Medicaid. The majority of these states are southern and western with large rural populations, with a few notable exceptions (like Maryland and Delaware).

Minnesota, Texas, South Dakota, and California place specific restrictions on EI telepractice. Texas will only reimburse public schools already contracted with Medicaid to provide EI services, while Minnesota limits treatment to three times/week (a limit not placed on other forms of telepractice). California will only reimburse specific contractees. South Dakota will only reimburse for speech services.

Florida and Iowa have legislation or other Medicaid policies that are vague or too unclear to determine. Phone calls with stakeholders in each of the two states (Cindy Weigle, director of Iowa's early access program; Lynn Miskiel, Director, Auditory-Oral Education Program/Ancillary Services at the University of Miami Debbie School) revealed that professionals and practitioners on the ground were also left confused by state policies.

Nineteen states do not reimburse EI telepractice through Medicaid at this time.

Private Payer Reimbursement Required



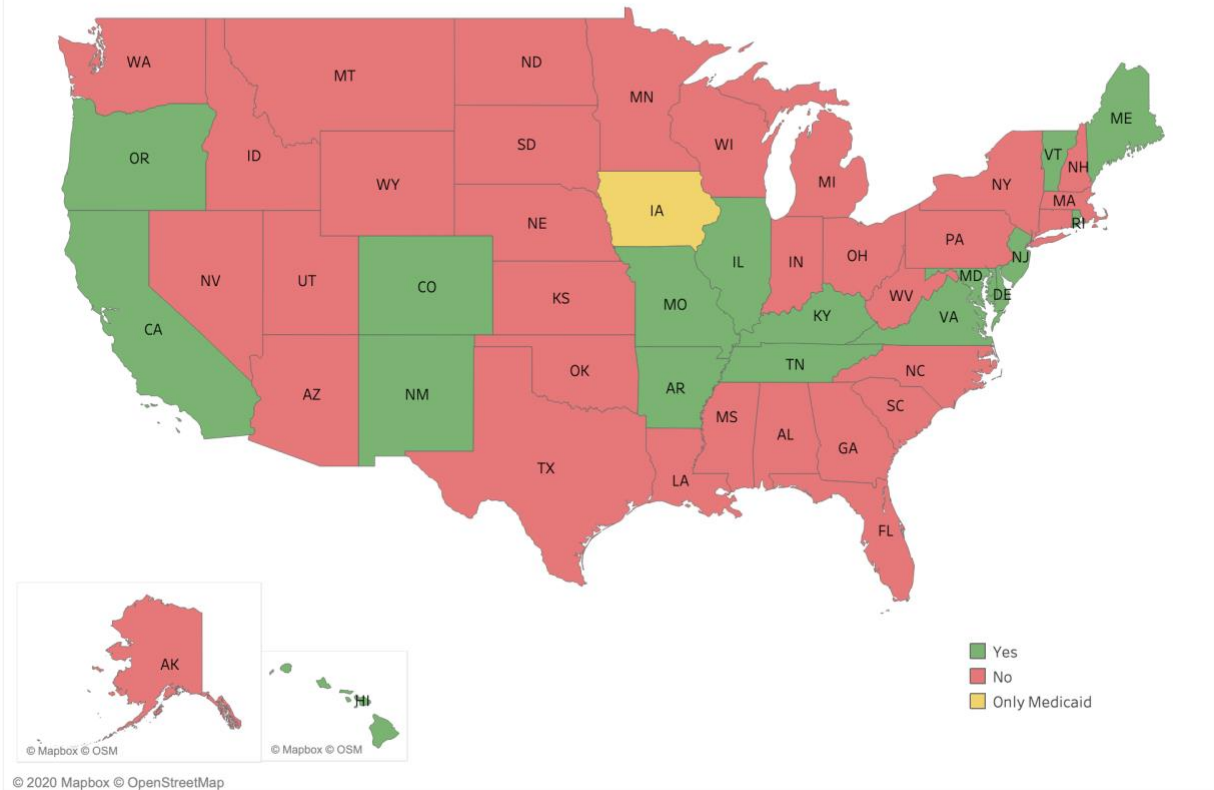
Private Payer Reimbursement

Thirteen states have legislation with language that requires private payers to reimburse for EI telepractice service. However, this is not always enforced. For instance, very few private payers in California reimburse for these services despite policy language requiring them to do so.

Ten states require private payers to reimburse only if they already cover face-to-face EI services. Three states have policies regulating insurers who already cover EI telepractice, but do not require it.

Twenty-seven states have no policies regarding private coverage of EI telepractice.

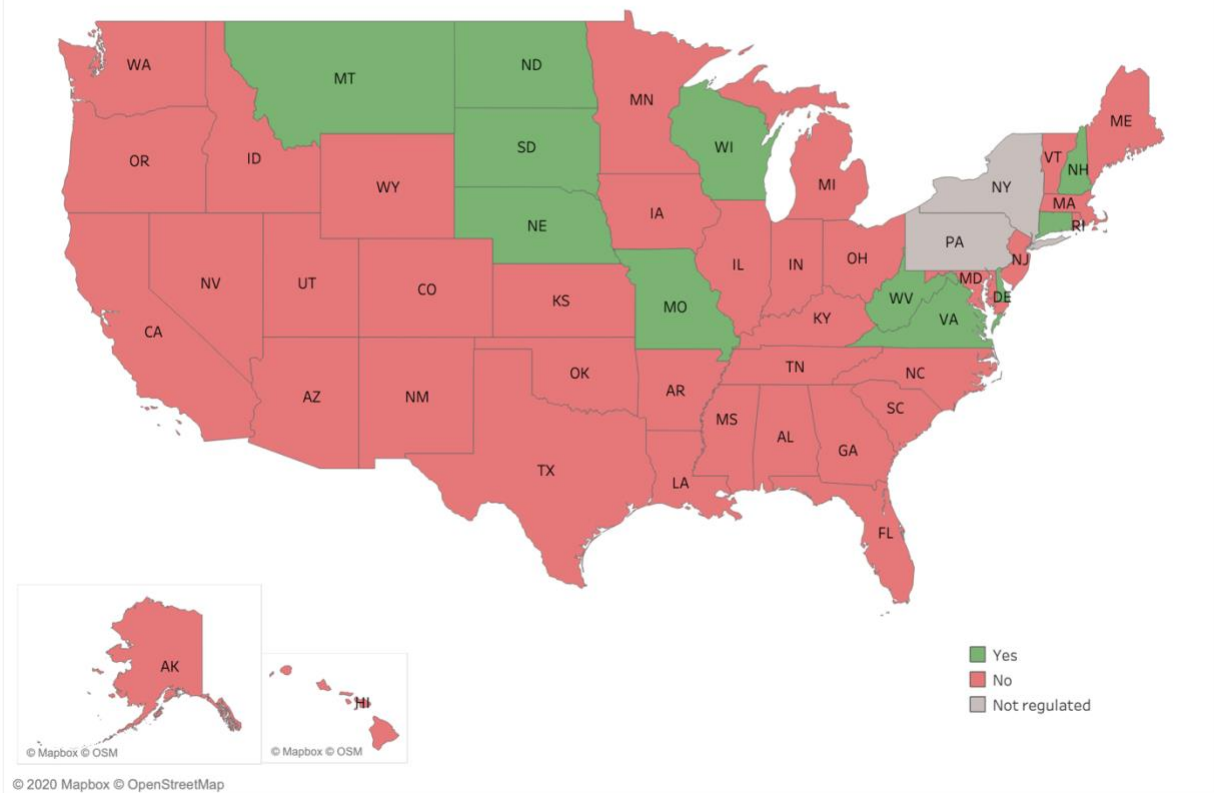
Parity Mandated



Parity

Seventeen states require payment parity from any insurer that covers telepractice. This means that providers must be reimbursed at the same rate for a service whether it is provided in person or through telemedicine. Iowa has a parity policy for Medicaid, but none for private payers. Thirty-two states do not have telepractice parity laws.

Any Geographic Limitations

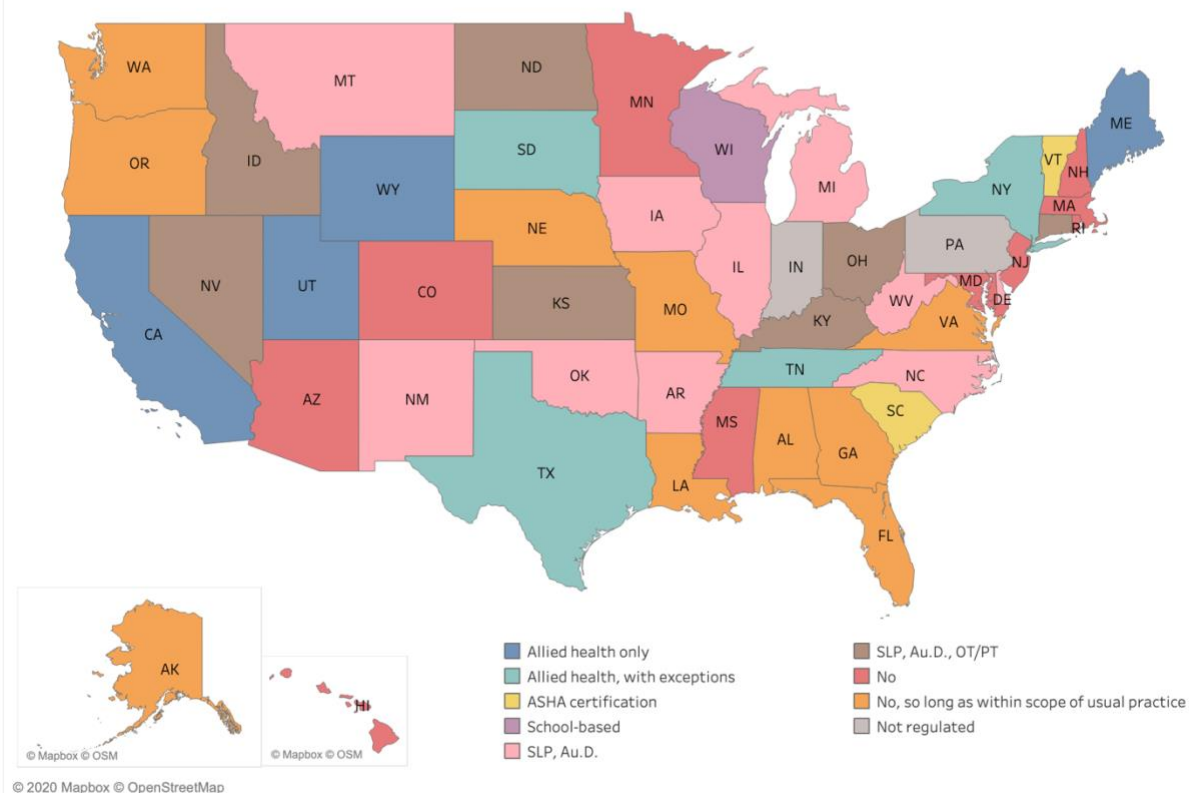


Geographic Limitations

Ten states impose some sort of geographic restriction on eligibility for telepractice receipt. See Master Spreadsheet for details on each states' specific policies and Sources for the policy language surrounding these restrictions.

Thirty-eight states do not impose any geographic limitations. New York and Pennsylvania's legislation does not contain language regarding geographic regulation.

Licensing Regulations

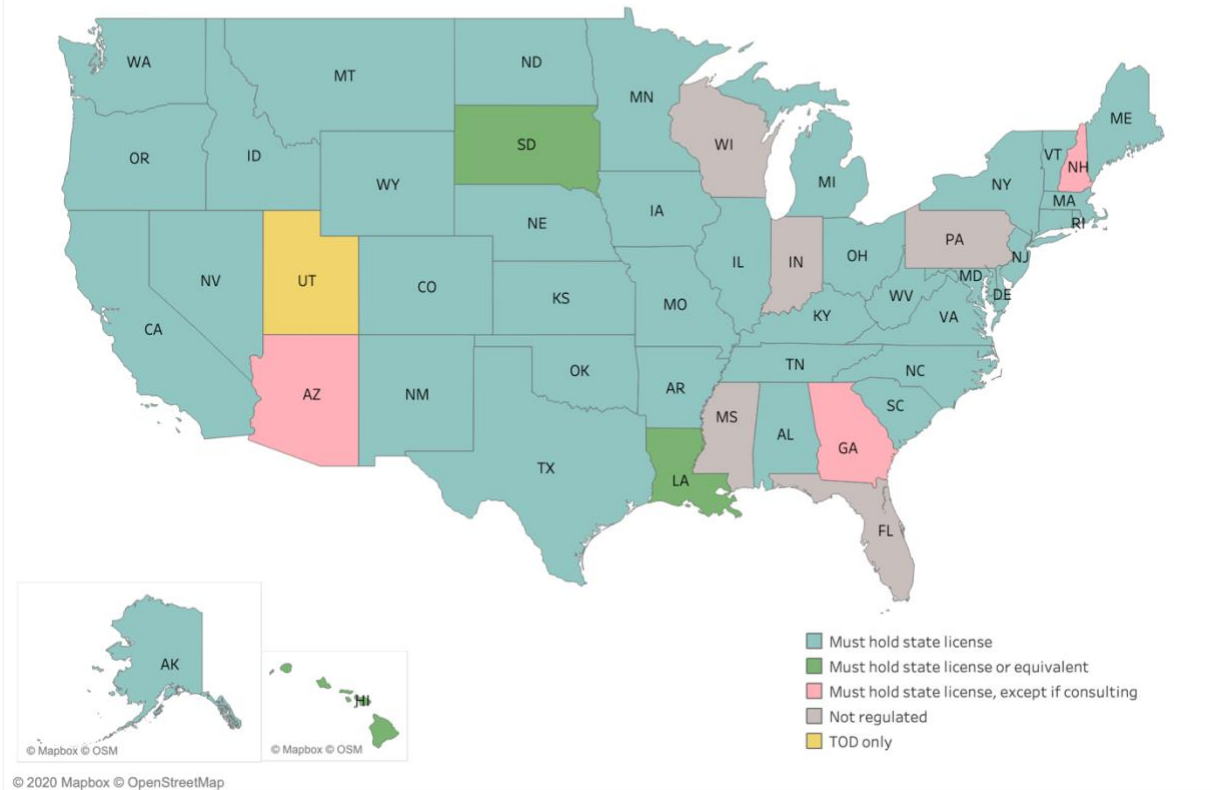


Licensing

States vary widely in their licensing requirements for EI telepractice. If no specific licensing rules for EI telepractice existed, general telepractice licensing was included. Fourteen states total do not require extra licensing to deliver telepractice over EI. Two of these states, Pennsylvania and Indiana, do not have any policy language regarding telepractice licensing generally. This does not mean that just anybody can provide EI through telepractice; rather, it is likely that licensing regulations fall to a smaller jurisdiction. EI telepractice in California, for example, is regulated at the Part C regional level, meaning that there are 21 different sets of policies within the one state. Similarly, Wisconsin's EI telepractice is run through the public school system, with licensing regulations specific to the school district level.

Ten states grant professional discretion, and allow anyone whose "normal scope of practice" includes EI to practice via tele-intervention. Wyoming restricts practice to allied health professionals, while Texas, South Dakota, Tennessee, and New York allow exceptions that could potentially allow someone like a teacher of the deaf to practice tele-intervention. Ten other states restrict EI telepractice to Speech Language Pathologists and Audiologists. Five more also include Occupational and Physical therapists. South Carolina and Vermont only require ASHA certification to practice EI remotely.

Cross-State Practice Regulations



Cross-State Practice Regulations

Thirty-eight states require providers to hold licenses in the “originating state.” However, the Interstate Medical Licensure Compact (IMLC) offers an expedited pathway for qualified physicians to obtain medical licenses in other member states if they already hold the primary licenses in one of the member states. There are currently twenty-five states that are members and recognize each other’s allied health licensure:

- Arizona
- Colorado
- Idaho
- Illinois
- Iowa
- Kansas
- Maine
- Maryland
- Michigan
- Minnesota
- Mississippi

- Montana
- Nebraska
- Nevada
- New Hampshire
- North Dakota
- South Dakota
- Tennessee
- Utah
- Vermont
- West Virginia
- Wisconsin
- Wyoming
- Washington

(One cannot enter into the compact with MN/VT licenses)

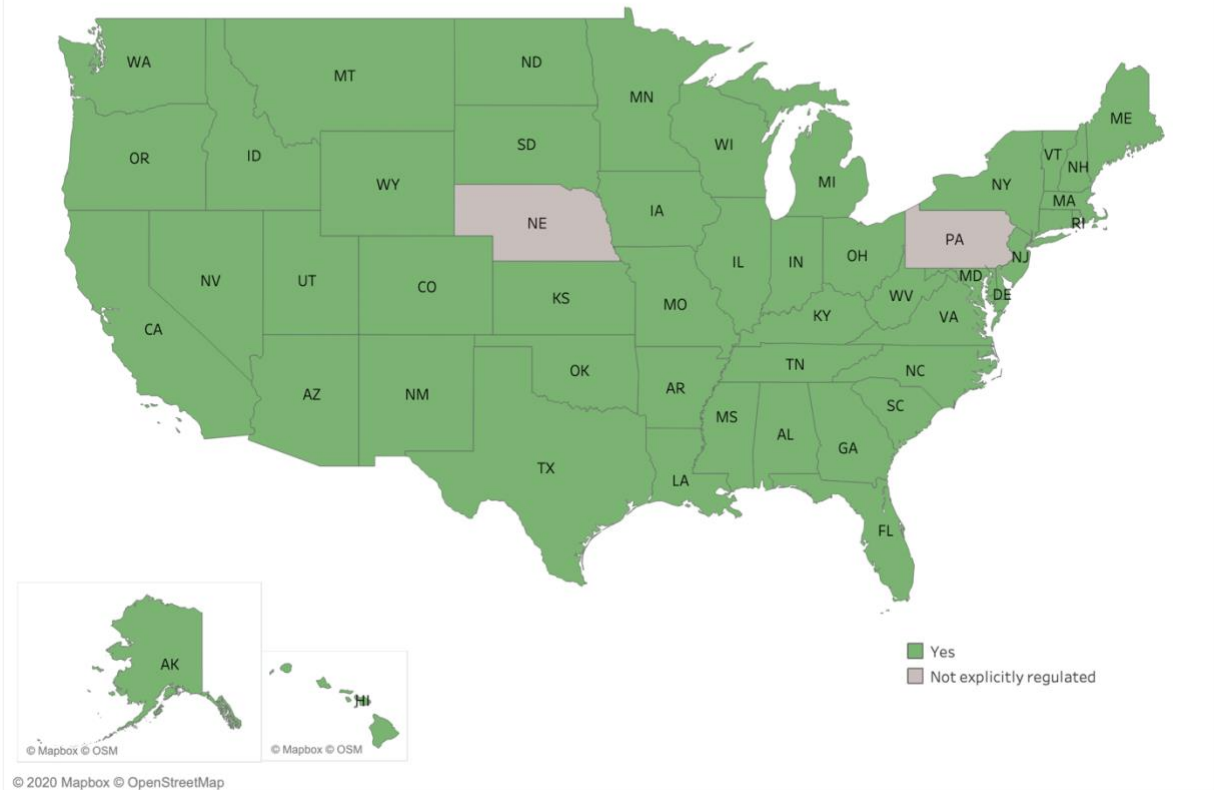
In the state of Utah, allied health providers are reimbursable by insurance and cannot practice out of state; all other types of providers who are not billing insurance can practice cross-state.

Three states allow providers to practice cross-state if they hold licenses equivalent to the originating state's license standards with proof of equality. For example, South Dakota offers licensing reciprocity to out-of-state providers if they are licensed and in good standing in another state.

Three states require providers to hold licenses from the originating state, but they do allow out-of-state providers to provide consultation to in-state providers.

Five states do not have regulations on cross-state practice.

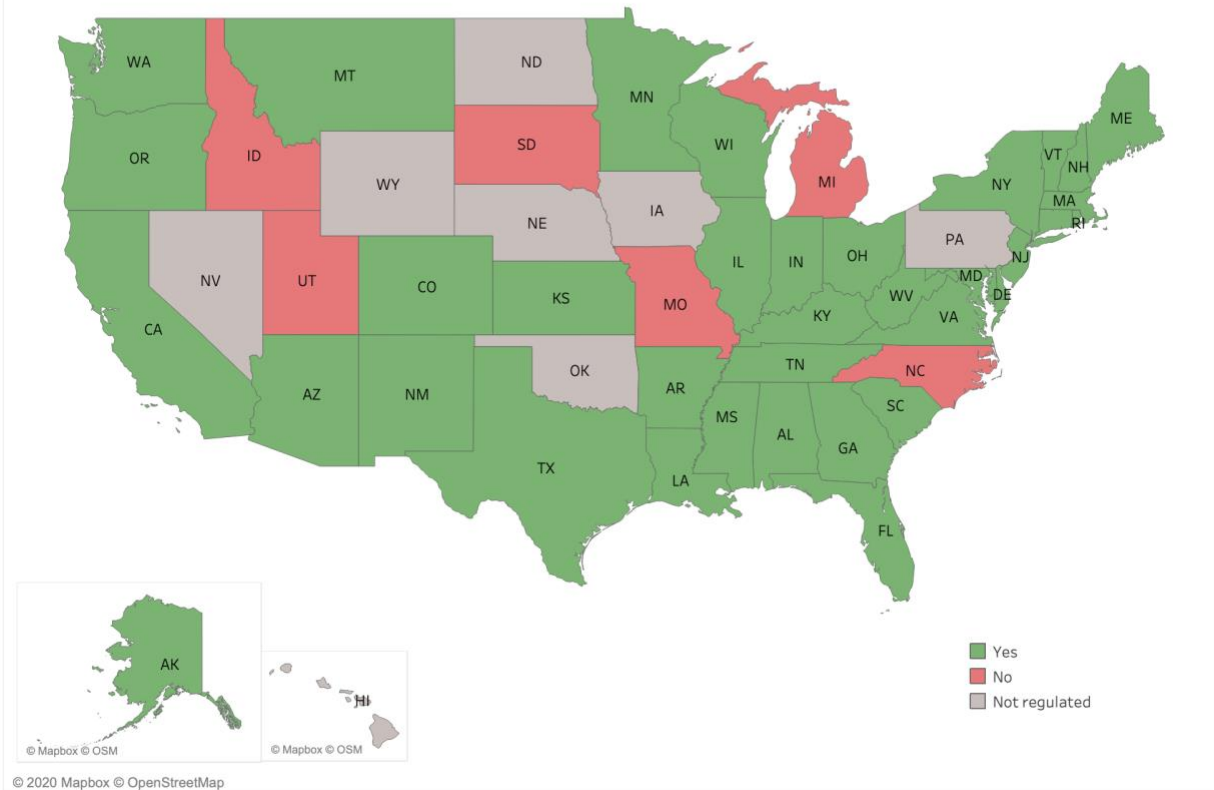
Live Video Telepracticing Allowed



Live Video Requirement

Forty-eight states allow end-to-end, audio-visual communication for telepractice sessions. Two states have no explicit regulation.

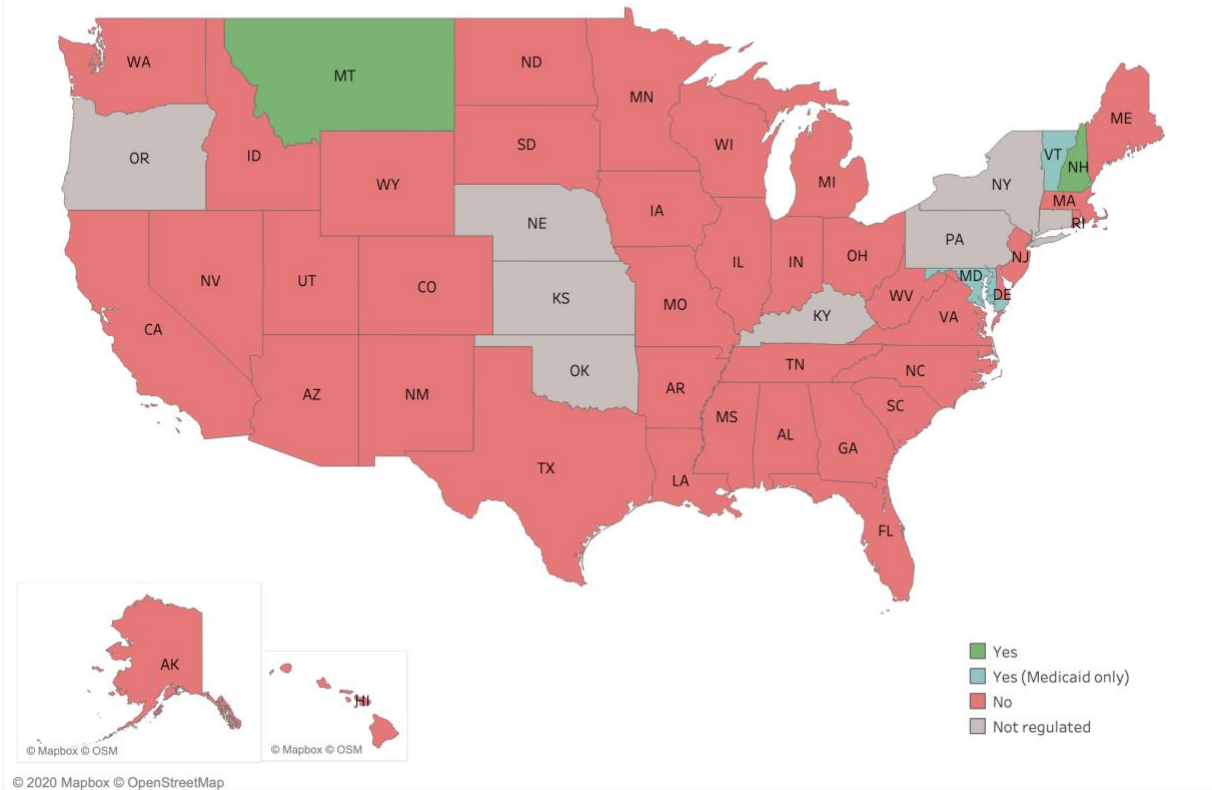
Recording/Store-and-Forward Allowed



Recording Allowed

Thirty-seven states allow recording during telepractice sessions. Six states do not allow recording, mostly due to privacy concerns. Seven states do not have regulations on recording.

Requirement that Recipient Must Have a Practitioner Present with Them

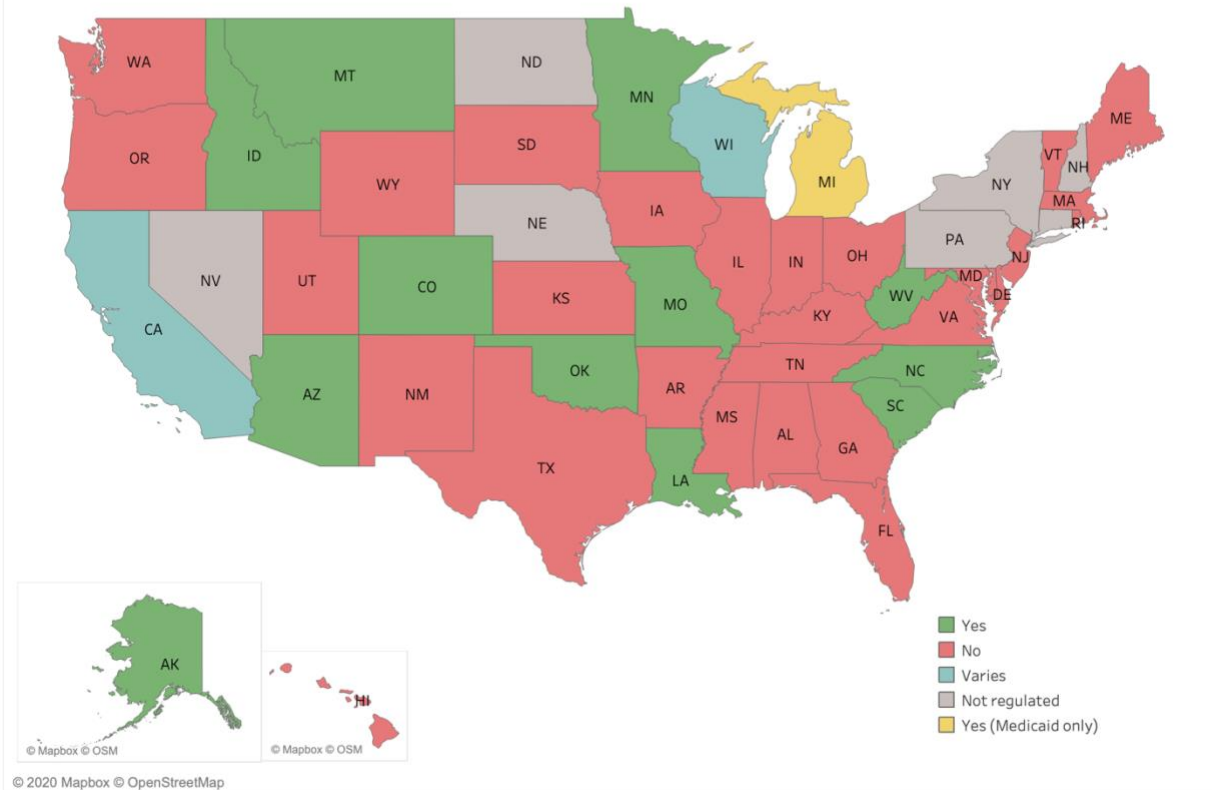


Practitioner Present Requirement

Two states require that at least one practitioner be present with the patient. New Hampshire only has one provider, who is based in Maine, and the session needs to be a co-treatment. Two states' Medicaid programs require a practitioner to be present at the originating site, but private insurers do not.

Thirty-eight states do not require practitioner presence at the originating site. Eight states have no regulation on this matter.

State-Level Training Requirement



Training Requirement

Twelve states require providers to go through training on telehealth before they can practice. In Michigan, only Medicaid requires training. California has different Part C districts, and each has different regulations on training. Wisconsin's Early Intervention service is administered and regulated through its public school system, and requirements on training depend on the Local Education Agency (LEA).

Twenty-nine states do not require training for telehealth. However, the pilot program in North Carolina is developing training requirements to be implemented in the future. South Dakota requests that practitioners receive special training, but they do not enforce it.

Seven states have no explicit regulation on training for telepractice.

Conclusion

The policy landscape for EI telepractice is diverse. Virtually every state has a different approach uniquely tailored to regional needs. A few states, like Colorado, Maine, and Virginia emerge as clear best-practice leaders. Others like California are in a similar position as Massachusetts, with an emerging desire for concrete policy and mounting political action from key stakeholders. Others, like Rhode Island, have little to no policy on the matter.

Many states are already reimbursing EI telepractice through Medicaid, while some legally can but do not in practice. Some states, like California, have set up informal deals with Medicaid to get reimbursement, though these less-official situations result in disparity in payment. Others, like Rhode Island, have the legal framework in place to begin reimbursing for EI telepractice, but for one reason or another have not set up the infrastructure for it. Eighteen states cannot reimburse through Medicaid. New York Medicaid also reimburses EI telepractice, but it has not yet been implemented by the New York State EI program. Idaho Medicaid, similarly, has a state plan for EI telepractice in place but the Idaho Infant/Toddler Program is still working on IT and privacy issues, with plans to roll out in February or March 2020.

The majority of legislation surrounds allied health professionals' practice. Audiologists, Speech Language Pathologists, and Occupational and Physical Therapists are the usual subjects of most legislation. Only a few states recognize and reimburse Teachers of the Deaf. Usually those states regulate EI services through the school system to some degree. Other states, like Wisconsin, run EI entirely through the public school system.

Medicaid systems that reimburse for EI telepractice usually have different standards. There is usually a separate set of rules and regulations for EI that differ from telepractice policies for other types of services. They may impose different eligibility requirements, geographic limitations, or practitioner presence requirements.

Most states do not make private insurers cover EI telepractice as an essential benefit. Some states require private insurers who cover EI to also cover telepractice for EI, but the bulk of states have no legislation on the topic.

Virtually all states allow live conferencing, though some states place limits on store-and-forward. States with stricter policies on telepractice forbid recording sessions. They usually cite concerns with regards to HIPAA and/or FERPA.

National Policy Scan – Telepractice in Early Intervention

STATES	STATE REGULATIONS						TECHNICAL REQUIREMENT			
	MEDICAID REIMBURSEMENT REQUIREMENT	PRIVATE PAYER REIMBURSEMENT REQUIREMENT	PAYMENT PARITY LAW	GEOGRAPHIC LIMITS	LICENSING REGULATIONS	STATE LICENSE REQUIREMENT FOR CROSS-STATE PRACTICE	LIVE CHATTING REQUIREMENT	RECORDING ALLOWED	PRACTITIONER PRESENT REQUIREMENT	TRAINING REQUIREMENT
Alabama	YES	NO	NO	NO	NO***	YES	YES	YES	NO	NO
Alaska	YES	NO	NO	NO	NO***	YES	YES	YES	NO	YES
Arizona	NO	NO	NO	NO	NO	YES (except if consulting)	YES	YES	NO	YES
Arkansas	NO	NO*	YES	NO	SLP, Au.D.	YES	YES	YES	NO	NO
California	YES (with restrictions)	YES	YES	NO	Allied health only (Medicaid)	YES	YES	YES	NO	Varies
Colorado	YES	YES	YES	NO	NO	YES	YES	YES	NO	YES
Connecticut	NO	NO	NO	YES	SLP, Au.D., OT/PT	YES	YES	YES	Not Regulated	Not Regulated
Delaware	YES	NO*	YES	YES	SLP, Au.D.	YES	YES	YES	NO	NO
Florida	UNCLEAR	NO	NO	NO	NO***	Not Regulated	YES	YES	NO	NO
Georgia	YES	NO*	NO	NO	NO***	YES (except if consulting)	YES	YES	NO	NO
Hawaii	YES	YES**	YES	NO	NO	Not Regulated	YES	Not Regulated	NO	NO
Idaho	YES	NO	NO	NO	SLP, Au.D., OT/PT	YES	YES	NO	NO	YES
Illinois	NO	NO	YES	NO	SLP, Au.D.	YES	YES	YES	NO	NO
Indiana	YES	NO	NO	NO	Not Regulated	Not Regulated	YES	YES	NO	NO
Iowa	UNCLEAR	YES*	YES (Only Medicaid)	NO	SLP, Au.D.	YES	YES	Not Regulated	NO	NO
Kansas	YES	NO	NO	NO	SLP, Au.D., OT/PT	YES	YES	YES	Not Regulated	NO
Kentucky	YES	YES	YES	NO	SLP, Au.D., OT/PT	YES	YES	YES	Not Regulated	NO
Louisiana	NO	NO	NO	NO	NO***	YES (or equivalent)	YES	YES	NO	YES
Maine	YES	YES	YES	NO	Allied health only	YES	YES	YES	NO	NO
Maryland	YES	YES	YES	NO	NO	YES	YES	YES	YES (Medicaid Only)	NO
Massachusetts	NO	YES**	NO	NO	NO	YES	YES	YES	NO	NO
Michigan	NO	YES**	NO	NO	SLP, Au.D.	YES	YES	NO	NO	YES (Medicaid)
Minnesota	YES (with restrictions)	YES**	NO	NO	NO	YES	YES	YES	NO	YES
Mississippi	NO	YES**	NO	NO	NO	Not Regulated	YES	YES	NO	NO
Missouri	YES	YES**	YES	YES	NO***	YES	YES	Not Regulated	NO	YES
Montana	YES	YES	NO	YES	SLP, Au.D.	YES	YES	YES	YES	YES (for facilitator)
Nebraska	NO	NO	NO	YES	NO***	YES	YES	Not Regulated	Not Regulated	Not Regulated
Nevada	NO	YES**	NO	NO	SLP, Au.D., OT/PT	YES	YES	Not Regulated	NO	Not Regulated
New Hampshire	NO	YES**	NO	YES	NO	YES (except if consulting)	YES	YES	NO	Not Regulated
New Jersey	YES	YES	YES	NO	NO	YES	YES	YES	NO	NO
New Mexico	YES	YES**	YES	NO	SLP, Au.D.	YES	YES	YES	NO	NO
New York	YES	YES**	NO	Not Regulated	Allied health, with exceptions	YES	YES	Not Regulated	NO	Not Regulated
North Carolina	NO	NO	NO	NO	SLP, Au.D.	YES	YES	NO	NO	NO
North Dakota	NO	NO	NO	YES	SLP, Au.D., OT/PT	YES	YES	Not Regulated	NO	Not Regulated
Ohio	YES	NO	NO	NO	SLP, Au.D., OT/PT	YES	YES	YES	NO	NO
Oklahoma	NO	NO	NO	NO	SLP, Au.D.	YES	YES	Not Regulated	Not Regulated	YES

STATES	STATE REGULATIONS						TECHNICAL REQUIREMENT			
	MEDICAID REIMBURSEMENT REQUIREMENT	PRIVATE PAYER REIMBURSEMENT REQUIREMENT	PAYMENT PARITY LAW	GEOGRAPHIC LIMITS	LICENSING REGULATIONS	STATE LICENSE REQUIREMENT FOR CROSS-STATE PRACTICE	LIVE CHATTING REQUIREMENT	RECORDING ALLOWED	PRACTITIONER PRESENT REQUIREMENT	TRAINING REQUIREMENT
Oregon	YES	NO	YES	NO	NO***	YES	YES	YES	Not Regulated	NO
Pennsylvania	NO	NO	NO	Not Regulated	Not Regulated	Not Regulated	YES	Not Regulated	Not Regulated	Not Regulated
Rhode Island	NO	NO*	YES	NO	NO	YES	YES	YES	NO	NO
South Carolina	NO	NO	NO	NO	ASHA certification	YES	YES	YES	NO	YES
South Dakota	YES (with restrictions)	NO	NO	YES	Allied health, with exceptions	YES (or equivalent)	YES	NO	NO	NO
Tennessee	YES	NO*	YES	NO	Allied health, with exceptions	YES	YES	YES	NO	NO
Texas	YES (with restrictions)	NO	NO	NO	Allied health, with exceptions	YES	YES	YES	NO	NO
Utah	YES	NO	NO	NO	Allied health only	Allied health cannot; ToD can practice out of state	YES	NO	NO	NO
Vermont	YES	YES	YES	NO	ASHA certification	YES	YES	YES	YES (Medicaid Only)	NO
Virginia	YES	YES	YES	YES	NO***	YES	YES	YES	NO	NO
Washington	YES	YES	NO	NO	NO***	YES	YES	YES	NO	NO
West Virginia	NO	NO	NO	YES	SLP, Au.D.	YES	YES	YES	NO	YES
Wisconsin	NO	NO	NO	YES	School-based	Not Regulated	YES	YES	NO	Varies
Wyoming	YES	NO	NO	NO	Allied health only	YES	YES	Not Regulated	NO	NO

*: Regulated but not required

** : Yes if equivalent to face-to-face covered

*** : No, so long as within usual scope of practice

Sources (by State)

Alabama

Licensing: <http://abespa.alabama.gov/PDF/rules/RulesRegs2017new.pdf>

Alaska

Licensing: <http://www.akleg.gov/basis/statutes.asp#08.11.080>

Medicaid: <http://dhss.alaska.gov/dph/HealthPlanning/Pages/telehealth/regsandstatutes.aspx>

Arizona

General policy: <https://law.justia.com/codes/arizona/2015/title-36/section-36-3601/>

Training: <https://psychboard.az.gov/sites/default/files/PsychologyRules10.4.16.pdf>

Arkansas

General policy: <http://www.abespa.com/wp-content/uploads/2018/03/Arkansas-Code.pdf>

Licensing: <http://www.abespa.com/wp-content/uploads/2018/03/ABESPA-Rules-and-Regulations.pdf>

California

Interview with Erin Paulson, director of Early Intervention (916-654-2977)

Interview with Joy Kearns, Director, BabyTalk tele-intervention program, Weingarten Children's Center (510-387-9837)

Colorado

General policy:

http://coloradoofficeofearlychildhood.force.com/eicolorado/EI_Professionals?p=Professionals&s=Training-EI&lang=en

CCP 2019 report

Connecticut

General telepractice policies:

<https://search.cga.state.ct.us/r/statute/dtsearch.asp?cmd=getdoc&DocId=16088&Index=I%3a%5czindex%5csurs&HitCount=2&hits=523+524+&hc=2&req=%28number+contains+19a%2D906%2A%29&Item=0>

Medicaid:

<https://search.cga.state.ct.us/r/statute/dtsearch.asp?cmd=getdoc&DocId=14403&Index=I%3a%5czindex%5csurs&HitCount=2&hits=134+135+&hc=2&req=%28number+contains+17b%2D245e%2A%29&Item=0>

Private insurance: <https://www.cga.ct.gov/2015/ACT/pa/pdf/2015PA-00088-R00SB-00467-PA.pdf>

<https://law.justia.com/codes/connecticut/2015/title-38a/chapter-700c/section-38a-469/>

Recording: <https://www.cga.ct.gov/2015/ACT/pa/pdf/2015PA-00088-R00SB-00467-PA.pdf>

Interview with Alice Ridgeway, Birth-3 System Manager (860-500-4403)

Delaware

General policy: <http://regulations.delaware.gov/AdminCode/title24/3700.pdf>

Florida

Medicaid: <https://www.flrules.org/gateway/ruleno.asp?id=59G-1.057>

Interview with Lynn Miskiel, Director of Auditory-Oral Education Program at the University of Miami Debbie School

Interview with Jessica Meyer, Director of Early Intervention

Georgia

General policies and Medicaid:

<https://www.mmis.georgia.gov/portal/PubAccessProviderInformation/ProviderManuals/tabid/54/Default.aspx>

Hawaii

Private insurance: http://www.capitol.hawaii.gov/hrscurrent/Vol09_Ch0431-0435H/HRS0431/HRS_0431-0010A-0116_0003.htm

General policies and Medicaid:

http://www.capitol.hawaii.gov/hrscurrent/Vol07_Ch0346-0398/HRS0346/HRS_0346-0059_0001.htm

Idaho

Medicaid:

<https://www.idmedicaid.com/General%20Information/General%20Provider%20and%20Participant%20Information.pdf>

<https://www.healthandwelfare.idaho.gov/Portals/0/Providers/Medicaid/TelehealthPolicy.pdf>

Private insurance (BCBSID): <https://providers.bcidaho.com/policies-and-procedures/pap/pap518.page>

General legislation: <https://legislature.idaho.gov/wp-content/uploads/statutesrules/idstat/Title54/T54CH57.pdf>

Training: <https://telementalhealthtraining.com/idaho>

Interview with Christy Cronheim, Program/Policy Manager at the Idaho Infant/Toddler Program Central Office (208-334-5590)

Illinois

Private Insurance:

<http://www.ilga.gov/legislation/ilcs/fulltext.asp?DocName=021500050K356z.22>

Licensure:

<http://ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1325&ChapterID=24&Print=True>

Indiana

Provider regulations: <http://iga.in.gov/legislative/laws/2018/ic/titles/016#16-18-2-163>

Medicaid: <http://iga.in.gov/legislative/laws/2018/ic/titles/016#16-27> AND
<http://iga.in.gov/legislative/laws/2018/ic/titles/012#12-15-5-11>

Iowa

Private insurance:

https://www.legis.iowa.gov/docs/publications/LGE/87/Attachments/HF2305_GovLetter.pdf

Kansas

General legislation: <https://legiscan.com/KS/text/HB2028/id/1791533>

Recording policy: <https://www.childrensmercy.org/departments-and-clinics/telemedicine/>

Interview with Kansas University Center for Telemedicine and Telehealth (913-588-2226)

Kentucky

General guidelines: https://www.kmap-state-ks.us/Documents/Content/Provider%20Manuals/ECI_02192019_19024.pdf

Louisiana

Licensure: <https://www.lbespa.org/index.cfm/rules-and-regulations>

General policies: <https://www.asha.org/Advocacy/state/info/LA/Louisiana-Telepractice-Requirements/>

Maine

Private insurance: <https://leader.pubs.asha.org/doi/10.1044/leader.PA3.14112009.9>

Coverage amendment:

<https://legislature.maine.gov/legis/bills/getPDF.asp?paper=SP0383&item=2&snum=129>

Policy summary: <https://evisit.com/state-telemedicine-policy/maine/>

Medicaid requirements:

<https://www.maine.gov/sos/cec/rules/10/144/ch101/c1s004.docx>

Maryland

General policy: <https://chironhealth.com/telemedicine/regulations/maryland/>

Massachusetts

General policy:

<https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXXII/Chapter175/Section47BB>

Michigan

Private insurance:

[http://www.legislature.mi.gov/\(S\(rxjpidpx2fgnaymu3lgnhvcu\)\)/mileg.aspx?page=getObject&objectName=mcl-500-3476](http://www.legislature.mi.gov/(S(rxjpidpx2fgnaymu3lgnhvcu))/mileg.aspx?page=getObject&objectName=mcl-500-3476)

General policy:

[http://www.legislature.mi.gov/\(S\(5f5npvna4nijqf5mdk2f4ous\)\)/mileg.aspx?page=GetMCLDocument&objectname=mcl-333-16283](http://www.legislature.mi.gov/(S(5f5npvna4nijqf5mdk2f4ous))/mileg.aspx?page=GetMCLDocument&objectname=mcl-333-16283)

Medicaid: <http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf>

Minnesota

Private insurance: <https://www.revisor.mn.gov/statutes/cite/62A.672>

Medicaid:

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_185201#ts

Provider manual:

https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_008951#occup

Mississippi

<https://www.asha.org/Advocacy/state/info/MS/Mississippi-Telepractice-Requirements/>

Missouri

General policy:

<https://revisor.mo.gov/main/OneSection.aspx?section=191.1145&bid=35039&hl>

Reimbursement:

<https://revisor.mo.gov/main/OneSection.aspx?section=376.1900&bid=21005&hl>

Medicaid requirements: https://web.mhanet.com/Regulatory/Hospitals_Telehealth.pdf

First Steps telehealth program: <https://dese.mo.gov/sites/default/files/se-fs-teletherapy-guidelines-for-first-steps-services-may-2014.pdf>

Montana

Basic information: <https://www.asha.org/Advocacy/state/info/MT/Montana-Telepractice-Requirements/>
<https://mtelehealth.com/wp-content/uploads/2018/05/Montana.pdf>

Nebraska

General policies: <https://nebraskalegislature.gov/laws/statutes.php?statute=44-312>
<https://nebraskalegislature.gov/laws/statutes.php?statute=71-8503>

Interview with Amy Bunnell, Part C Coordinator (402-471-0817)

Nevada

Licensure: <https://www.leg.state.nv.us/NRS/NRS-637B.html#NRS637BSec244>
<https://www.leg.state.nv.us/NRS/NRS-629.html> - NRS629Sec515

Medicaid: <https://www.leg.state.nv.us/NRS/NRS-422.html#NRS422Sec2721>
http://dhcfp.nv.gov/uploadedFiles/dhcfpnavgov/content/Resources/AdminSupport/Manuals/MSM/C3400/MSM_3400_17_07_27.pdf

New Hampshire

General legislation: <http://www.gencourt.state.nh.us/rsa/html/xxxvii/415-J/415-J-3.htm>

Medicaid: <http://www.gencourt.state.nh.us/rsa/html/xii/167/167-4-d.htm>

Interview with Heather Murphy-Hicks, Director of Family-Centered Early Supports and Services Program, Region 5 (603-352-0165)

New Jersey

All legislation:

<https://lis.njleg.state.nj.us/nxt/gateway.dll?f=templates&fn=default.htm&vid=Publish:10.1048/Enu>

New Mexico

Licensure: <http://164.64.110.134/parts/title16/16.026.0002.html>

Private insurance: <https://law.justia.com/codes/new-mexico/2017/chapter-59a/article-22/section-59a-22-49.3/>

School-based services: <https://law.justia.com/codes/new-mexico/2017/chapter-59a/article-22/section-59a-22-49.3/>

Other regulations: <https://nmhealth.org/publication/view/policy/3570/>

Interview with Karen Burrow, UNM Health Service, Telehealth Coordinator (508-841-5585)

New York

Licensure: <http://www.op.nysed.gov/prof/slpa/speechguidetelepractice.htm>

Parity: <https://www.rivkinradler.com/publications/telehealth-in-ny-compliance-requirements-create-reimbursement-challenges/>
<https://medcitynews.com/2019/12/report-finds-only-10-states-provide-true-telehealth-payment-parity/>

Training requirements:

https://www.health.ny.gov/health_care/medicaid/program/update/2019/feb19_mu_speced.pdf

Recording:

https://www.health.ny.gov/health_care/medicaid/program/update/2019/feb19_mu_speced.pdf

Provider eligibility:

https://www.health.ny.gov/health_care/medicaid/program/update/2019/2019-02_speced.htm#thproviders

Interview with Karen Dwyer, EI specialist (518-473-7016)

North Carolina

General regulations:

<http://reports.oah.state.nc.us/ncac/title%2021%20-%20occupational%20licensing%20boards%20and%20commissions/chapter%2064%20-%20speech%20and%20language%20pathologists%20and%20audiologists/chapter%2064%20rules.pdf>

Interview with Maggie Panther, Child Developmental Services of Western NC (828-351-6091, ext. 256)

North Dakota

Licensure: <https://leader.pubs.asha.org/doi/full/10.1044/leader.PA1.19012014.24>

General requirements: <https://www.legis.nd.gov/cencode/t26-1c36.pdf#nameddest=26p1-36-09p15>

Interview with Jackie Adusumilli, Part C Coordinator, Developmental Disabilities Division (701-328-8968)

Ohio

General: <http://codes.ohio.gov/oac/4753-2>

Licensing: <http://codes.ohio.gov/oac/4755-27>

Medicaid:

<http://www.odjfs.state.oh.us/lpc/calendar/fileLINKNAME.asp?ID=LTCSTL%2011-15>

Oklahoma

General regulations:

<https://www.okhca.org/xPolicySection.aspx?id=7061&number=317:30-3-27.&title=Telemedicine>

Licensure and Training:

<http://www.oar.state.ok.us/oar/codedoc02.nsf/frmMain?OpenFrameSet&Frame=Main&Src=75tnm2shfcdnm8pb4dthj0chedppmcbq8dtmmak31ctijujrgcln50ob7ckj42tbkdt374obdcli00>

Private insurance: Okla. Stat. tit. 36 § 6803

Interview with Mark Sharp, Part C Coordinator, Special Education Office (405-521-4880)

Oregon

General: <https://douglassesd.k12.or.us/sites/douglassesd.k12.or.us/files/File/rsoi/pt-o-manual-appendices-a-b-c.pdf>

Pennsylvania

General ASHA summary (virtually no real legislation):

<https://www.asha.org/Advocacy/state/info/PA/Pennsylvania-Telepractice-Requirements/>

Rhode Island

Interview with the director of Early Intervention, 401-462-1000

South Carolina

General policy:

http://www.llr.state.sc.us/POL/Speech/FORMS/2018_SCSpeechTelepracticeFinal.pdf

South Dakota

General legislation:

https://sdlegislature.gov/statutes/Codified_laws/DisplayStatute.aspx?Statute=36-37-1&Type=Statute

Licensure:

https://sdlegislature.gov/Statutes/Codified_Laws/DisplayStatute.aspx?Type=Statute&Statute=36-37-7

Medicaid: <https://dss.sd.gov/docs/medicaid/providers/billingmanuals/Telemedicine.pdf>
Conversation with Sarah Carter, Director and Part C Coordinator, Birth-3 (605-773-4478)

Tennessee

General policy:

<https://advance.lexis.com/documentpage/?pdmfid=1000516&crd=354cd7ce-df30-42f4-9f4f-569db94cad8a&config=025054JABIOTJjNmlyNi0wYjIOLTRjZGEtYWE5ZC0zNGFhOWNhMjFINDgKAFBvZENhdGFsb2cDFQ14bX2GfyBTaI9WcPX5&pddocfullpath=%2Fshared%2Fdocument%2Fstatutes-legislation%2Furn%3AcontentItem%3A5CFR-RBC0-R03K-G556-00008-00&pddocid=urn%3AcontentItem%3A5CFR-RBC0-R03K-G556-00008-00&pdcontentcomponentid=234179&pdteaserkey=sr0&pditab=allpods&ecomp=-9g8kkk&earg=sr0&prid=3e597607-ca3d-41ec-acfd-20aec48b1781>

Licensure: <https://publications.tnsosfiles.com/rules/1370/1370-01.20160622.pdf>

Reimbursement: <https://www.presencelearning.com/tennessee-reimburses-schools-for-telepractice-services/>

Texas

General policies:

[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=5&ti=16&pt=4&ch=111&sc=h=V&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=16&pt=4&ch=111&sc=h=V&rl=Y)

Dead bill: <https://www.billtrack50.com/BillDetail/1050096>

<https://mhealthintelligence.com/news/texas-mulls-telehealth-pilot-for-early-childhood-intervention-services>

Utah

Medicaid:

https://medicaid.utah.gov/Documents/manuals/pdfs/Medicaid%20Provider%20Manuals/All%20Providers%20General%20Information%20Section%20I/AllProvidersGeneralInfo_Section_1.pdf

Interview with Cass Parker, , Tele-Intervention specialist at Sound Beginnings, U of UT (801-520-7393)

Vermont

Reimbursement: <https://netrc.org/docs/NETRC-Telemedicine-Reimbursement-Guide-Vermont.pdf>

Virginia

General legislation:

http://leg5.state.va.us/reg_agent/frmView.aspx?Viewid=e9364005955~14e.pdf&typ=40&actno=005955&mime=application/pdf

Medicaid:

https://www.viriniamedicaid.dmas.virginia.gov/ECMPdfWeb/ECMServlet/Documentationmanuals/School4/chapterIV_sd

Private Insurance: <https://law.lis.virginia.gov/vacode/38.2-3418.16/>

Washington

Private Insurance: <http://app.leg.wa.gov/RCW/default.aspx?cite=48.43.735>

Medicaid: <http://app.leg.wa.gov/RCW/default.aspx?cite=74.09.325>

Interview with Cass Parker, Tele-Intervention specialist at Sound Beginnings, U of UT (801-520-7393)

West Virginia

General legislation: <https://www.wvspeechandaudiology.com/Home/Legislative-Rules>

Wisconsin

General legislation: <https://dpi.wi.gov/sped/laws-procedures-bulletins/bulletins/12-02>

Wyoming

General legislation: <https://drive.google.com/file/d/0B1RQgivP3t-mUGlyR01WaUdSUKk/view>

Medicaid:

https://wymedicaid.portal.conduent.com/manuals/Manual_CMS1500_1_1_18.pdf