Board of Behavioral Sciences

1625 North Market Blvd., Suite S-200
Sacramento, CA 95834
(916) 574-7830, (916) 574-8625 Fax
www.bbs.ca.gov

Memo

To: Committee Members **Date:** January 12, 2022

From: Rosanne Helms, Legislative Manager **Telephone:** (916) 574-7939

Subject: **Allowable Telehealth Locations for Pre-Licensees**

Summary

The COVID-19 pandemic has raised a number of questions regarding where pre-licensed associates and trainees may be located when they perform services. These questions fall into three categories:

I. The physical location of a pre-licensee when performing in-state services via telehealth.

II. The ability of a pre-licensee located outside of California (in another state or country) to provide services via telehealth to clients located in California.

III. The ability of pre-licensees located outside of California (in another state or country) to count hours providing services to clients in another jurisdiction.

A discussion of each and the questions they raise follows.

I. Discussion of the Physical Location of a Pre-Licensee when Performing In-State Services via Telehealth

The COVID-19 State of Emergency significantly shifted where providers, including pre-licensees (associates and trainees) provide services from.

In regards to the location of a pre-licensee providing services, the law states the following (Business and Professions Code (BPC) §§4980.43.4(a), 4996.23.3(a), 4999.46.4(a)):

> *A trainee, associate, or applicant for licensure shall only perform mental health and related services at the places where their employer permits business to be conducted.*

The above wording of the law is relatively new. It was changed via SB 786 (2019) from the following wording: *A trainee, associate, or applicant for licensure shall only perform mental health and related services at the places where his or her employer regularly conducts business and services.*

At the time, the Board's intent for the law change had been to allow more incidental flexibility for pre-licensees, for example if they needed to provide services at the home of a client who was home-bound.

However, the Board's discussion of this change took place before COVID-19 appeared, and no one foresaw the enormous shift to home-based work that took place as a result of the pandemic. A plain reading of the current wording of the law appears to allow a pre-licensee to provide services from home if the employer/supervisor permits it. However, this was not specifically discussed by the Board at the time. Now that working from home has become common due to the COVID State of Emergency, the Board may wish to discuss if any adjustments to the law are needed in light of the new post-COVID landscape.

Other Relevant Law to Consider

- BPC §4980.43.1(b)(2) states that one of the responsibilities of a supervisor is "Monitoring and evaluating the supervisee's ability to provide services at the site or sites where he or she is practicing and to the particular clientele being served." *(Note: the above is LMFT law; this corresponding statement can be found in BPC §4996.20(b)(3) for LCSWs, and BPC §4999.46.1(b)(3) for LPCCs.)*

- BPC §4980.43.3(a)-(c) provides that pre-licensees cannot work as independent contractors. It also requires that a pre-licensee's practice setting must lawfully and regularly provide mental health counseling or psychotherapy, and provide oversight to ensure the pre-licensee's work meets the required experience and supervision requirements and is within the profession's scope of practice. *(Note: the above is LMFT law; corresponding requirements can be found in BPC §4996.23.2(a),(d) for LCSWs, and BPC §4999.46.3(a), (c), & (d) for LPCCs.)*

- BPC §4980.43.3(f) states that a pre-licensee shall have no proprietary interest in the employer's business and shall not lease or rent space, pay for furnishings, equipment, or supplies, or in any other way pay for the employer's obligations. *(Note: the above is LMFT law; corresponding requirements can be found in BPC §4996.23.2(j) for LCSWs, and BPC §4999.46.3(g) for LPCCs.)*

Stakeholder Questions

The California Association of Marriage and Family Therapists (CAMFT), National Association of Social Workers – California Chapter (NASW-CA), and California Association for Licensed Professional Clinical Counselors (CALPCC) have jointly developed a letter to Board members. The letter outlines numerous questions related to telehealth and tele-supervision that they would like discussion and clarification on (**Attachment A**).

Attachments

Attachment A: CAMFT, NASW-CA, and CALPCC Letter to BBS, dated January 10, 2022
Attachment B: Policies and Law of Other States

II. Discussion of the Ability of a Pre-Licensee Located Outside of California (In Another State or Country) to Provide Services via Telehealth to Clients Located in California

The Board is often asked whether or not a California-registered associate may practice with clients located in California via telehealth, while they are located in another state or country. This same question is also asked regarding trainees, including whether or not a trainee can they gain their required practicum hours practicing in this manner.

Current Law for Associates

- BPC §2290.5 specifies that the Board's associates may provide services via telehealth. (BPC §2290.5(a)(3))

- The Board's telehealth regulations state the following (California Code of Regulations (CCR) Title 16, §1815.5(a):

  All persons engaging in the practice of marriage and family therapy, educational psychology, clinical social work, or professional clinical counseling via telehealth, as defined in Section 2290.5 of the Code, with a client who is physically located in this State must have a valid and current license or registration issued by the Board.

- As discussed in Part I above, the law also requires all pre-licensees to only perform services where their employer permits business to be conducted. (It does not address the associate's location beyond this.) Additionally, the supervisor must be a California licensee (BPC §§4980.03(g)(5), 4996.20(a)(5), 4999.12(h)(5).

Based on the above, a California associate whose registration number is current and active is able to continue to practice with clients located in California if the associate is out of the state or country if they have a California licensed supervisor, and if the supervisor permits it. The issue that may stop them from doing this is the mode of supervision. Right now, the law only permits supervision via videoconferencing if the associate is working in an exempt setting (a school, college, university, government entity, or an institution that is both nonprofit and charitable). Therefore, associates in all other settings need to be able to meet with their supervisor in-person in order to comply with weekly supervision requirements. However, the Board is pursuing a bill proposal this year that would allow supervision via videoconferencing in all settings. If the bill is successful, this will make it more likely that an associate will be able to practice remotely, as they will no longer need in-person supervision in non-exempt settings.

Current Law for Trainees

- Current law permits MFT trainees to perform services with clients located in California via telehealth. (BPC §2290.5(a)(3)) It does not specify whether this is permissible for social work interns or professional clinical counselor (PCC) trainees. (The Board is pursuing a law change this year to clarify that PCC trainees may provide services via telehealth.)

- Current law requires all trainees to only perform services where their employer permits business to be conducted (as discussed and cited in Part I above).

- Trainees and social work interns are not permitted to provide services in a private practice (BPC §§4980.43.3(b)(1), 4996.15(b), 4999.46.3(c)(1)).

- The law states that the required practicum hours providing counseling must be face-to-face. (BPC §§4980.36(d)(1)(B), 4999.33(c)(1)(L))

Trainees are not registered yet with the Board and technically not yet under their jurisdiction. The Board's telehealth regulations (16 CCR §1815.5(a)) do state that a license or registration is required to provide services via telehealth to California clients. However, the law also appears to leave discretion to the school regarding whether a trainee or intern can provide services via a remote location. For marriage and family therapist (MFT) trainees and PCC trainees, the law requires experience hours gained to be coordinated between the school and the site, and the school and site must have an agreement which details each parties responsibilities and how supervision will be provided (BPC §§4980.42(e), 4999.36(b)). For social work interns, the law is less specific, but requires interns to be performing services as part of a supervised course of study (BPC §4996.15)). Some clarification to the law in this area may be beneficial.

Only MFT trainees may count pre-degree experience hours, and therefore must additionally take extra steps to ensure they utilize a supervisor that meets all of the Board's supervisor qualifications. This means that MFT trainees who are not working in an exempt setting must have in-person supervision.

Staff has advised schools wanting to allow trainee remote practice and supervision to use caution, keeping in mind that trainees are the newest practitioners, and therefore, need the most oversight. They are advised to consider the intent of the law for the trainee to get a quality educational experience, and base the decision on the trainee's ability, appropriateness for the client, and the supervisor's ability to adequately supervise the trainee.

The law does not address whether required practicum hours may be gained via telehealth. For LMFT and LPCC trainees, the law requires a specified number of practicum hours providing "face-to-face" experience providing counseling. (BPC §§ 4980.36(d), 4999.33(c)) (Practicum is not addressed in LCSW law, as a social work

accrediting agency oversees and sets education requirements for LCSW master's degree programs.) Some clarification in this area may be beneficial as well.

III. Discussion of the Ability of Pre-Licensees Located Outside of California (In Another State or Country) to Count Hours Providing Services to Clients in Another Jurisdiction

Another question that comes up occasionally is whether a California-registered associate, or a trainee, temporarily located in another state or country may count experience hours for practice with clients located in that other state or country.

Law for Associates

The law requires a California-registered associate to have a California-licensed supervisor to treat clients located in California. (Law cited in Part II above). However, a California registration only provides authority to practice under supervision with clients in California. If a person is treating clients in another state, it is expected that they would be following the laws of that other state regarding registration and supervision. Upon application, the Board would evaluate whether or not the experience was substantially equivalent to California's supervised experience requirements. Recently added regulations (effective 1/1/2022) state the following (California Code of Regulations (CCR) Title 16, §§1821.2, 1833.2, 1870.5):

> ***§1821.2. SUPERVISION OF EXPERIENCE GAINED OUTSIDE OF CALIFORNIA.***
>
> *(a) Experience gained outside of California must have been supervised in accordance with the following criteria:*
>
> *(1) At the time of supervision, the supervisor was licensed or certified by the state or jurisdiction in which the supervision occurred and possessed a current and active license or certification that was not under suspension or probation.*
>
> *(2) The supervisor must have been licensed or certified by that state or jurisdiction for at least two (2) of the past five (5) years immediately prior to acting as a supervisor, as either a professional clinical counselor, clinical social worker, psychologist, physician certified in psychiatry by the American Board of Psychiatry and Neurology, marriage and family therapist or similarly titled marriage and family practitioner, or other equivalent license or certification that allows the practitioner to independently provide clinical mental health services.*

Law for Trainees

For trainees, the law does not address whether they may gain hours with clients in another state or country, and whether they can count it toward their practicum. In this situation, typically the question is whether or not a trainee located in another state or country can count practicum experience hours for practice with clients located in that other state or country if they follow the rules of the other jurisdiction.

If they are planning to apply as an out-of-state applicant, the degree would be evaluated to determine if it is substantially equivalent, including having the correct number of practicum hours. However, typically these questions come from California-based schools, where the applicant is planning on applying as an in-state applicant, and the degree is otherwise designed to lead to California licensure.

Recommendation

Conduct an open discussion regarding the above issues. The Committee may wish to determine what amendments, if any, it would like to make based on the questions raised above, and direct staff to draft language for review at the next meeting.

January 10, 2022

Board of Behavioral Sciences
1625 N Market Blvd S-200
Sacramento, CA 95834

RE: Tele-Supervision and Telehealth Discussion

Dear Members of the Behavioral Sciences Board and Telehealth Committee:

The California Association of Marriage and Family Therapists (CAMFT), the National Association of Social Workers-California Chapter (NASW-CA), and the California Association for Licensed Professional Clinical Counselors (CALPCC) would like to outline the issues and questions regarding the use of telehealth by prelicensees in a post-pandemic California.

We start with our appreciation for the hard work of the Board of Behavioral Sciences (BBS) staff, the Telehealth Committee, the Board, and all the vocal stakeholders in addressing and discussing telehealth and its impact on the future of psychotherapy and the psychotherapist. We applaud the actions taken thus far by the Telehealth Committee and the Board for telehealth legislative proposals in 2022.

This letter outlines several questions recommended for the Telehealth Committee to evaluate along with the existing statute and statute's intent and rationale. We believe this approach is a necessary part of the substantial assessment required to promulgate a new framework for prelicensees that incorporates telehealth in the behavioral health delivery system under the BBS.

Determining how prelicensees use telehealth in post-pandemic California is an arduous task for the telehealth committee, especially if the next generation of therapists is to be proficient with both in-person and telehealth treatment. While the current Board and Committees are not beholden to the regulatory framework established under previous Board actions, the intent behind the framework is essential when evaluating the clinical hour requirements and practice location(s) while balancing the need for consumer protections.

Telehealth and Prelicensees Experience Requirements
Discussions regarding how policies permitted under the state of emergency could be institutionalized moving forward requires additional clarification that articulates what method of telehealth is appropriate for utilization by prelicensees and how much of the prelicensee clinical experience can be acquired via telehealth.

In-Person Counseling Requirement

In regard to the in-person counseling requirement for licensure**,** CAMFT and CALPCC support a minimum of required in-person counseling hours and NASW supports an exploration of further data gathering regarding minimum hour requirements being established. Each of our organizations defer to the BBS regarding the specific number of in-person counseling hours to be obtained for licensure. This recommendation reflects our opinion that clinicians should have proficiency in both in-person and telehealth services. For clinicians to master both care delivery modes, pre-licensee hours should include a framework to help ensure clinical training in both. This recommendation coupled with the mandated telehealth training approved by the Board is a step in the right direction.

Method of Telehealth

Telehealth is defined in section in B&P Section 2290.5(a)(6) as

> (6) "Telehealth" means the mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care. Telehealth facilitates patient self-management and caregiver support for patients and includes synchronous interactions and asynchronous store and forward transfers.

This is a broad definition that is used by multiple boards under the Department of Consumer Affairs, which includes real time video, store and forward, texting, and online chatting. This definition was included in legislation mandating commercial health plans' reimbursement for telehealth services at parity to in-person visits and was not defined by BBS. Any definitions or clarity provided by the Committee on permissible methods of telehealth delivery by a prelicensee for purposes of gaining hours of experience would help to provide clarity.

Unanswered Training Questions

- When Telehealth is used by licensees under the BBS, does it mean all modes of Telehealth delivery including texting?
- Can a provider, who has never experienced in-person engagement with a patient, attain the same inherent quality of training and care?
- What should be the minimum experience requirement of in-person clinical training between provider and patient in order to become a licensed clinician?
- If no minimum in-person experience is required, what is the impact on quality of training, as well as actual and perceived quality of license?
- If no minimum in-person experience is required, what standard of care is the licensed provider held to, who has never encountered a patient in person?
- If there is a minimum in-person training requirement, would that best be served under the practicum requirements?
- Should the prelicensees acquire all of their hours via any mode of telehealth? If so, how is time spent texting documented? How will patient assessments be completed via texting or on-line chatting? What is included in the medical record?

Prelicensee Practice Location

During the pandemic, some prelicensees provided (and continue to provide) telehealth treatment due to the Governor's "stay home" orders during the state of emergency. However, post pandemic, there are multiple issues regarding the location of a prelicensees' work setting that the Telehealth Committee has a duty to evaluate to balance clinical training and consumer protections.

What is absent from the current statutory framework is clear guidance on when a prelicensee's home or other remote settings might be appropriate work setting, who will make the determination, and the criteria that should be utilized to determine if a site is appropriate to initiate telehealth or counseling services.

Location

Current law reflects previous discussions regarding prelicensees' practice locations that are documented in board minutes and in communications to the legislature. Historically, the provision of services by an associate in an offsite capacity was limited to occasional circumstances and it was not anticipated by the Board, legislature, or stakeholders to be the "normal everyday" method for prelicensees to provide

treatment. Continued use of home and remote location moving forward requires an evaluation to establish the framework for home office and remote location that allow for adequate training and consumer protections.

SB 786 was a 2019 BBS Omnibus bill that included language addressing remote work settings for associates. This quote is from the Senate Floor analysis of SB 786 dated September 9, 2019: "*This change accounts for situation where an employer requires an associate to* ***occasionally*** *travel off-site to conduct services, for example the patients' home.*" [emphasis added]

The BBS's bill, AB 690, defines settings for Marriage and Family Therapists, Social Workers and Licensed Professional Clinical Counselors This bill reflects the work of the Exempt Settings committee to provide clarity on setting definitions for prelicensees and clarify what constitutes a private practice. The need to clarify types of settings exemplifies that not all settings provide the same level of supervision and different settings or locations have slightly different framework. This is critical difference is important to recognize when we look towards the future, because a prelicensee's home office or remote setting may look like a private practice; however the home office is even more remote because no other licensed professional available

In the AB 690 Senate Committee on Business, Professions and Economic Development analysis dated June 30, 2021 the BBS as the sponsor of the bill, informed the Legislative Committee that the intent of the bill was to clarify private practice settings and is quoted:

> "The board of Behavioral Sciences is the sponsor of this bill. According to the Author, "Although the law places certain **restrictions or conditions on pre-licensees working in a private practice**, it does not provide an explicit definition of what a private practice is. As mental health treatment has become more accessible over time, the various types of settings where psychotherapy is performed have increased. Not of these settings necessarily look like a traditional private practice; however, they don't qualify as exempt settings (a school, college, university, government entity, or institution that is both nonprofit and charitable) either. The result has been confusion about whether or not certain settings qualify as a private practice and whether or not schools are permitted to place trainees in those settings. AB 690 provides the needed clarity regarding what qualifies as a private practice setting, and ensures psychotherapy associates and trainees are fully utilized, thus helping to address the shortage of mental health providers in California." (Emphasis Added)

Supervisor

Prelicensees' supervisors are required to ensure that prelicensees are appropriately trained when acquiring their clinical hours. To help strengthen the framework for supervisors, regulations were recently promulgated to clarify supervision requirements. These regulations require supervisors to complete additional CEs, assess their supervisees, and address additional topics in an effort to improve the supervision of prelicensees and therefore consumer protections. These regulations do not provide a framework for supervisors to evaluate the setting where prelicensees may work.

Recent Board actions require legislative changes to allow for continued remote supervision of supervisees and require supervisors to assess if the use of remote supervision is warranted. This legislative proposal does not provide the supervisor with the authority or obligation to evaluate whether a prelicensee may practice from their own home office or other remote location, nor do they specify where the supervisor is working from.

Employer Obligations

Existing statute vaguely infers that home office or remote locations are not the typical setting for prelicensees. When we review the existing sections of statute from AB 690 as a framework, it does not

appear that a prelicensee's home office/remote settings were originally intended as locations for prelicensees to regularly provide treatment. AB 690 includes guardrails to protect prelicensees from costs of delivering care and vaguely limits the site from where prelicensees work:

> 4980.43.3(f) "A trainee, associate, or applicant for licensure shall have no proprietary interest in their employer's business and shall not lease or rent space, pay for furnishings, equipment, or supplies, or in any other way pay for the obligations of their employer."
>
> 4980.43.3(a)(2)(b) and 4980.43.3 (c)(1)(A) "Lawfully and regularly provides mental health counseling or psychotherapy."

Unanswered Location Questions

- Where should prelicensees initiate telehealth, an office, their home, or other remote location?
- How is a prelicensee working from home/remote location not a private practice? If so, who "owns" the home office and oversees the practice activities occurring at the home/remote office?
- What guardrails are required to ensure a pre-license home/remote location meets the requirements for care similar to an in-office setting?
- What criteria will be used by supervisors to determine if a home/remote location is appropriate?
- Will the BBS evaluate a prelicensee's home/remote settings?
- If so, what happens if the BBS disagrees with the supervisor's evaluation of the home/remote setting? Will the prelicensee lose their hours? Will the BBS take disciplinary action against the supervisee/supervisor/employer?
- Which telehealth statutes are impacted and need to be amended/addressed when a prelicensee is engaging in telehealth (state jurisdiction of laws, location of patient, and location of provider)?
- If a prelicensee is permitted to work from home/remote setting, what must be reimbursed to the prelicensees: mortgage/rent, electricity, internet usage, phone and paper?
- Will malpractice insurance and worker's compensation cover for the employer, supervisor and supervisee's home/remote offices?
- If prelicensees can work in home/remote settings, can patients receive in-person care at the prelicensee's home/remote setting?

Consumer Protection Questions

Existing statute requires that consumers have the right to determine how they receive treatment, which should be taken into consideration when establishing telehealth policies. Business and Professions Code 2290.5 (6) state:

> (b) Before the delivery of health care via telehealth, the health care provider initiating the use of telehealth shall inform the patient about the use of telehealth and obtain verbal or written consent from the patient for the use of telehealth as an acceptable mode of delivering health care services and public health. The consent shall be documented.
>
> (c) This section does not preclude a patient from receiving in-person health care delivery services during a specified course of health care and treatment after agreeing to receive services via telehealth.

Consumer Related Questions

- Are there any risks for the consumers with home/remote services provided by a prelicensee?
- Are there adequate provisions that allow a consumer to withdraw the verbal or written consent to use telehealth for delivery of services?

- What if a prelicensee's telehealth patient wants to convert treatment to in-person care? Or, if the prelicensee determines that telehealth is not suitable for treatment of a patient? Should there be assurances that an office is available? Or can the patient seek treatment at the prelicensee's home/remote setting?
- Are additional consumer disclosures required at the onset of treatment to inform consumers that in-person treatment is not available? If so, does this impact consumer choice protections or conflict with any other laws?

The above does not cover the full litany of questions that arise but simply demonstrates the wide breadth of complicated and technical issues that require evaluation and assessment in 2022 to help build the framework for the next generation of providers and consumer protection. It is imperative to our associations that discussions surrounding permanent changes to prelicensee education/experience and location requirements envision the future of the profession and next generations of providers to come.

We look forward to continuing these discussions and look forward to engaging with the Telehealth Committee in 2022.

Sincerely,

Jennifer Alley
State Government Affairs Specialist
California Association of Marriage and Family Therapists

Rebecca Gonzales
Director of Government Relations and Political Affairs
National Association of Social Workers – CA Chapter

G. V. Ayers, Lobbyist

California Association for Licensed Professional Clinical Counselors

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Attachment B
Policies and Laws of Other States

Board staff reached out to other licensing Boards on the Association of Social Work Boards (ASWB) listserve, to determine if other Board's licensing laws go into specifics about where pre-licensees must be physically located while gaining their supervised experience hours toward licensure. Below are the responding states' replies.

Maryland
Does not license associates.

Missouri
Missouri allows telehealth as long as licensee adheres to rules and regulations. In addition, supervision can be done electronically (ZOOM, etc) again as long as it meets the requirements outlined in rules.

Montana (Board of Behavioral Health)
Montana does not set any physical location requirements for its licensed candidates earning supervised experience hours and telepractice and telesupervision are just methods of delivery of services under scope of practice. These regulations were already in effect before the pandemic so functionally there was no change in how people were allowed to operate. The board also does not regulate the employee/employer relationship from a business standpoint. Only the supervisor/supervisee relationship where the supervisor may or may not be the candidate's employer.

ARM **24.219.301**(13): "Face-to-face" means supervision of a candidate by the supervisor which is either:
(a) in-person; or
(b) electronically. The transmission must:
(i) be two-way;
(ii) be interactive;
(iii) be real-time;
(iv) be simultaneous; and
(v) provide for both audio and visual interaction.

ARM **24.219.504** LCSW, LMSW, AND LBSW SUPERVISED WORK EXPERIENCE REQUIREMENTS
(1) Applicants applying under ARM 24.219.501 for an LCSW license must meet the supervised work experience requirements in 37-22-301, MCA, and as defined in ARM 24.219.301. As a part of the total supervised work experience requirements, at least 100 hours must include individual or group supervision by a qualified supervisor under ARM 24.219.421.
(a) Of those 100 hours, at least 50 hours must be individual and supervised face-to-face by an LCSW.
(b) Of the 50 hours in (a), at least ten hours must include direct observation of service delivery as defined in ARM 24.219.301.

(2) Applicants applying under ARM 24.219.501 for an LMSW or LBSW license must meet the supervised work experience requirements as described in ARM 24.219.301 and this rule.

(a) Applicants must complete a minimum of 2000 total hours of supervised work experience over a period of no less than 18 months.

(b) Of those 2000 hours:

(i) at least 100 hours must include individual or group supervision by a qualified supervisor under ARM 24.219.421; and

(ii) of the 100 hours in (i), at least 25 hours must be with the client populations that will be served by the LMSW or LBSW candidate (see (5) for examples of client populations).

(3) Supervisors must provide at least two hours of supervision for LCSW, LMSW, and LBSW candidates for every 160 hours of social work as defined in 37-22-102, MCA.

(4) When an LCSW, LMSW, or LBSW candidate who applied under ARM 24.219.505 completes all the supervised work experience requirements in this rule, the candidate will qualify for the appropriate examination per ARM 24.219.502.

(5) A supervisor must have experience and expertise with the candidate's client population (e.g., child, adolescent, adult, chemically dependent/substance use disorder) and methods of practice (i.e., individual, group, family, crisis, or brief interventions).

(6) Supervised work experience hours earned by LMSW and LBSW applicants who are not currently actively licensed in another jurisdiction must have been earned within five years of the date of application.

Nevada

For Nevada, our law allows for the provision of telehealth services by Nevada licensed social workers to clients that are physically located in Nevada. Post-graduate interns cannot practice outside of Nevada and they must reside and be located in Nevada.

During the pandemic, the Board's instruction to our post-graduate interns (those working to complete their hours for a clinical license), and their supervisors was that practice of telehealth from the office location was preferred (tended to ensure HIPAA compliance) but that practice at home could be permitted if the intern had a HIPAA compliant video platform, privacy, secure record storage, etc. Now that most of the office have reopened, we have instructed our interns and supervisors that they need to base their practice out of their site locations, not work from home, even though they may still be providing a blend of in person and telehealth services.

North Carolina (Social Work Certification and Licensure Board)

In North Carolina, Associate licensees are permitted to engage in electronic practice as long as they practice under appropriate supervision and in compliance with the Statutes and Rules governing social work practice.

Based on the links to the law provided, the following appears relevant:

21 NCAC 63 .0210 ASSOCIATE LICENSES

(a) Applicants for licensure as a LCSWA shall provide an application to the Board, as set forth in 21 NCAC 63 .0202(b), and shall comply with the requirements of this Rule.
b) Prior to practicing clinical social work, associates must demonstrate in writing through an emergency crisis plan that, in the event of a clinical emergency, they have immediate access to at least one licensed mental health professional who has agreed to provide to them emergency clinical consultation to assure that compliance with the North Carolina statutes and rules governing clinical social work practice are maintained. For purposes of this Rule, "immediate" shall mean within one hour. The emergency crisis plan shall be submitted on a form prescribed by the Board that is available on the Board's website. The emergency crisis plan outline must be submitted for each location where the associate practices and shall provide the following:
(1) the name, address, and contact information for the LCSWA practice;
(2) a description of the practice setting that provides whether the practice is in a home, an office setting, and whether the LCSWA practices with other practitioners;
(3) a hierarchy of initial contact persons, if more than one contact person is identified; where each person is located; and his or her estimated response time;
(4) a plan for follow-up consultations with the LCSWA's clinical supervisor if an alternate emergency contact was consulted at the time of need; and
(5) signatures and license numbers of the LCSWA, the LCSW supervisor, and the emergency consultant back-up provider.
Each licensed clinical social worker associate shall notify the Board in writing within seven days of any change in such access by resubmission of an emergency crisis plan outline form.

New York (State Board of Social Work)
Our regulations in define an acceptable setting in which a LMSW may engage in the supervised practice of clinical social work:

Certain qualified individuals, as defined in paragraph (a)(2) of this section, that seek to use the services to satisfy the experience requirements for licensure as a licensed clinical social worker may provide clinical social work services in a setting acceptable to the department, as described in paragraph (a)(1) of this section, under appropriate supervision, as prescribed in subdivision (c) of this section.

(a) For purposes of this section:

(1) An *acceptable setting* shall mean:

(i) a professional service corporation, registered limited liability partnership, or professional service limited liability company authorized to provide services that are within the scope of practice of licensed clinical social work;

(ii) a sole proprietorship owned by a licensee who provides services that are within the scope of his or her profession and services that are within the scope of licensed clinical social work;

(iii) a professional partnership owned by licensees who provide services that are within the scope of practice of licensed clinical social work;

(iv) a program or service operated, regulated, funded, or approved by the Department of Mental Hygiene, the Office of Children and Family Services, the Department of Corrections and Community Supervision, the Office of Temporary and Disability Assistance, the State Office for the Aging and the Department of Health or *a local governmental unit* as that term is defined in section 41.03 of the Mental Hygiene Law or *a social services district* as defined in section 61 of the Social Services Law;

(v) an entity holding a waiver issued by the department pursuant to section 6503-a or 6503-b of the Education Law to provide services that are within the scope of practice of licensed clinical social work;

(vi) a program or facility authorized under Federal law to provide services that are within the scope of practice of licensed clinical social work; or

(vii) an entity defined as exempt from the licensing requirements or otherwise authorized under New York law or the laws of the jurisdiction in which the entity is located to provide services that are within the scope of practice of licensed clinical social work.

(2) A *qualified individual* shall mean a licensed master social worker, an individual with a limited permit to practice licensed clinical social work as authorized by section 7705 of the Education Law, or an individual otherwise authorized to provide clinical social work services in a setting acceptable to the department and under appropriate supervision.

An acceptable setting DOES NOT INCLUDE a practice owned by the applicant (LMSW)

Supervision is defined as follows:

Supervision of the clinical social work services provided by a qualified individual seeking licensure as a licensed clinical social worker.

(1) Supervision of the clinical social work services provided by the qualified individual shall consist of contact between the qualified individual and supervisor during which:

(i) the qualified individual apprises the supervisor of the diagnosis and treatment of each client;

(ii) the qualified individual's cases are discussed;

(iii) the supervisor provides the qualified individual with oversight and guidance in diagnosing and treating clients;

(iv) the supervisor regularly reviews and evaluates the professional work of the qualified individual; and

(v) the supervisor provides at least 100 hours of in-person individual or group clinical supervision, distributed appropriately over the period of the supervised experience. The department, in its discretion, may accept alternative means to meet the in-person supervision requirements of this subparagraph that cannot be successfully completed due to the state of emergency declared by the Governor pursuant to an Executive Order for the COVID-19 crisis.

South Carolina (Board of Examiners for Licensure of Professional Counselors, Marriage & Family Therapist, Addiction Counselors, and Psycho-Educational Specialist

In South Carolina, Associate licensees are permitted to engage in electronic practice as long as they practice under the supervision of a Licensed Independent Social Worker – Clinical or Advanced Practice (LISW-CP/AP) and in compliance with the statutes and regulations of this state.