What are the restrictions on the scope of practice for social workers practicing via telemedicine/telehealth?

According to regulations issued by the Delaware Board of Clinical Social Work Examiners in December 2016, a social worker “shall use telehealth only where appropriate based on his or her professional judgment” and “only where it is appropriate for the client, and decisions regarding the appropriate use of telehealth shall be made on a case-by-case basis.”

DEL. CODE ANN. tit. 24, § 3900(10.1 and 10.5).

“Prior to delivering services by telehealth, the licensee shall conduct a risk-benefit analysis and document that:

- The client’s presenting problems and apparent conditions are consistent with the use of telehealth to the client’s benefit; and
- The client has sufficient knowledge and skills in the use of the technology involved in rendering the service or can use a personal aid or assistive device to benefit from the service.”

DEL. CODE ANN. tit. 24, § 3900(10.7).

What are the criteria for establishing a practitioner-patient relationship via telemedicine/telehealth?

“Prior to delivering services by telehealth, the licensee shall conduct a risk-benefit analysis and document that:

- The client’s presenting problems and apparent condition are consistent with the use of telehealth to the client’s benefit; and
- The client has sufficient knowledge and skills in the use of the technology involved in rendering the service or can use a personal aid or assistive device to benefit from the service.”

DEL. CODE ANN. tit. 24, § 3900(10.7).
“Prior to delivery of services by telehealth, the licensee shall obtain written, informed consent from the client, or other appropriate person with authority to make health care decisions for the client, in language that is likely to be understood and is consistent with accepted professional and legal requirements. Where the licensee cannot obtain written informed consent at the outset of care due to emergency circumstances, the licensee shall obtain verbal informed consent to be followed by written informed consent as soon as reasonably possible. At minimum, the informed consent shall inform the client of:

- The limitations and innovative nature of using telehealth in the provision of social work services;
- Potential risks to confidentiality of information due to the use of telehealth;
- Potential risks of sudden and unpredictable disruption of telehealth services and how an alternative means of re-establishing electronic or other connection will be used under such circumstances;
- When and how the licensee will respond to routine electronic messages;
- Under what circumstances the licensee and client will use alternative means of communications;
- Who else may have access to communications between the client and the licensee;
- Specific methods for ensuring that a client’s electronic communications are directed only to the licensee; and
- How the licensee stores electronic communications exchanged with the client.”

DELCODEANN. tit. 24, § 3900(10.8).

“Upon initial and subsequent contacts with the client by telehealth, the licensee shall make reasonable efforts to verify the identity of the client.”

DELCODEANN. tit. 24, § 3900(10.9).

“Upon initial contact, the licensee shall: obtain alternative means of contacting the client; provide to the client alternative means of contacting the licensee; and establish a written agreement relative to the client’s access to face-to-face emergency services in the client’s geographical area, in instances such as, but not necessarily limited to, the client experiencing a suicidal or homicidal crisis.”

DELCODEANN. tit. 24, § 3900(10.10).
“The licensee shall document in the file or record which services were provided by telehealth.”

**DEL. CODE ANN. tit. 24, § 3900(10.11).**

<table>
<thead>
<tr>
<th>What are the acceptable modalities (e.g., telephone, video) for the practice of social work via telemedicine/telehealth that meet the standard of care for the state?</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
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**DEL. CODE ANN. tit. 24, § 3900(10.1).**

**COUNSELORS**

<table>
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<tr>
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</tr>
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</table>

**DEL. CODE ANN. tit. 24, § 3000(11.1).**

“Licensees must recognize that Telehealth Services are not appropriate for all Behavioral Health Practice and clients, and decisions regarding the appropriate use of Telehealth Services are made on a case-by-case basis. . . . Licensees delivering Telehealth Services shall:

- Conduct a risk-benefit analysis and document findings specific to:
  - Whether the client’s presenting problems and apparent condition are consistent with the use of Telehealth Services to the client’s benefit; and
  - Whether the client has sufficient knowledge and skills in the use of the technology involved in rendering the service or can use a personal aid or assistive device to benefit from the service.
• Not provide Telehealth Services to any person or persons when the outcome of the analysis required [above] is inconsistent with the delivery of Telehealth Services, whether related to clinical or technological issues.”

**DEL. CODE ANN. tit. 24, § 3000(11.6).**

Are there any licensing requirements specific to telemedicine/telehealth (e.g., requirements to be licensed in the state where the patient is located)?

“In order to deliver Telehealth Services one must hold a current, valid license issued by the [Delaware Board of Professional Counselors of Mental Health and Chemical Dependency Professionals].”

**DEL. CODE ANN. tit. 24, § 3000(11.2).**

“Licensees understand that this rule does not provide licensees with authority to deliver Telehealth Services to clients domiciled in any jurisdiction other than Delaware, and licensees bear responsibility for complying with laws, rules, and/or policies for the delivery of Telehealth Services set forth by other jurisdictional regulatory boards.”

**DEL. CODE ANN. tit. 24, § 3000(11.3).**

What are the criteria for establishing a practitioner-patient relationship via telemedicine/telehealth?

“Licensees delivering Telehealth Services shall:

• Conduct a risk-benefit analysis and document findings specific to:
  
  o Whether the client’s presenting problems and apparent condition are consistent with the use of Telehealth Services to the client’s benefit; and
  
  o Whether the client has sufficient knowledge and skills in the use of the technology involved in rendering the service or can use a personal aid or assistive device to benefit from the service.

• Not provide Telehealth Services to any person or persons when the outcome of the analysis required [above] is inconsistent with the delivery of Telehealth Services, whether related to clinical or technological issues.
• Upon initial and subsequent contacts with the client, make reasonable efforts to verify the identity of the client;

• Obtain alternative means of contacting the client;

• Provide to the client alternative means of contacting the licensee;

• Establish a written agreement relative to the client’s access to face-to-face emergency services in the client’s geographical area, in instances such as, but not necessarily limited to, the client experiencing a suicidal or homicidal crisis;

• Whenever feasible, use secure communications with clients, such as encrypted text messages via email or secure websites and obtain and document consent for the use of non-secure communications;

• Prior to providing Telehealth Services, obtain the written informed consent of the client, in language that is likely to be understood and consistent with accepted professional and legal requirements, relative to:
  
  o The limitations and innovative nature of using distance technology in the provision of Behavioral Health Services;
  o Potential risks to confidentiality of information due to the use of distance technology;
  o Potential risks of sudden and unpredictable disruption of Telehealth Services and how an alternative means of re-establishing electronic or other connection will be used under such circumstances;
  o When and how the licensee will respond to routine electronic messages;
  o Under what circumstances the licensee and service recipient will use alternative means of communications under emergency circumstances;
  o Who else may have access to communications between the client and the licensee;
  o Specific methods for ensuring that a client’s electronic communications are directed only to the licensee or supervisee;
  o How the licensee stores electronic communications exchanged with the client. . . .”

What are the acceptable modalities (e.g., telephone, video) for the practice of counseling via telemedicine/telehealth that meet the standard of care for the state?

The Delaware Board of Professional Counselors of Mental Health and Chemical Dependency Professionals defines “telehealth services” as “the practice of Mental Health Counseling, Chemical Dependency Counseling, or Marriage and Family Therapy by distance communication technology such as but not necessarily limited to telephone, email, Internet-based communications, and videoconferencing."

DEL. CODE ANN. tit. 24, § 3000(11.1).

ADVANCED PRACTICE REGISTERED NURSES (APRNs)

What are the restrictions on the scope of practice for APRNs practicing via telemedicine/telehealth?

“Telemedicine shall not be utilized by an advanced practice registered nurse (APRN) with respect to any patient in the absence of an APRN-patient relationship."

DEL. CODE ANN. tit. 24, § 1933(a).

COVERAGE & REIMBURSEMENT

Are there provisions requiring certain reimbursement levels/amounts for telemedicine/telehealth services (including telemental/telebehavioral/telepsychiatric health services)?

Delaware requires “[a]n insurer, health service corporation, or health maintenance organization [to] reimburse the treating provider or the consulting provider for the diagnosis, consultation, or treatment of the insured delivered through telemedicine services on the same basis and at least at the rate that the insurer, health service corporation, or health maintenance organization is responsible for coverage for the provision of the same service through in-person consultation or contact. . . .”

DEL. CODE ANN. tit. 18, § 3370(e).