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| **GOVERNOR’S OFFICE** | |
| **Source** | **Actions and Guidance** |
| [**https://governor.ky.gov/attachments/20200306\_Executive-Order\_2020-215.pdf**](http://insurance.ky.gov/ppc/Documents/TelehealthRemoteCommunicationsGuidance.pdf) | **Executive Order 2020-215 - State of Emergency Relating to COVID-19 virus, a public health emergency - *Effective 3/06/2020***  Declare that a State of Emergency exists in the Commonwealth of Kentucky and order and direct the issuance of appropriate state active duty orders for the necessary officers, troops, personnel, equipment, including the resources of the Kentucky National Guard and other logistical support necessary for an immediate response to the novel coronavirus (COVID-19) emergency in the Commonwealth. |
| [**https://governor.ky.gov/attachments/20200309\_Executive-Order\_2020-220.pdf**](https://chfs.ky.gov/agencies/dms/Documents/ProviderFAQs.pdf) | **Executive Order 2020-220 – State of Emergency Relating to Insurance – *Effective 3/09/2020***   1. The Commissioner of the Kentucky Department of Insurance shall temporarily waive, suspend, and/or modify the operation of any statute or administrative regulation currently in place under the purview of the Kentucky Department of Insurance in order to best serve the interest of the public health, safety, and welfare during this period. 2. All insurers shall waive all cost-sharing including copayment, coinsurance, and deductibles for screening and testing for COVID-19 as specified by the Centers for Disease Control and Prevention (CDC), including hospital, emergency departments, urgent care, provider office visits, lab testing, telehealth, and any immunizations that are made available. 3. All insurers shall waive any prior authorization requirements for screening and diagnostic testing for COVID-19 and respond to any requests for treatment of COVID-19 on a timely basis. 4. All insurers shall ensure that provider networks are adequate to handle an increase in the need for health care services, including by offering access to out-of-network services where appropriate. 5. All insurers shall notify all contracted providers that the insurer is waiving the cost-sharing and prior authorization requirements, and ensure that information regarding the waivers is provided to customer service centers, nurse advice lines, and others so that proper information is provided to insured citizens. 6. All insurers shall ensure that the insurer’s websites contain complete and accurate information related to coverage for COVID-19 screening, testing, and treatment. 7. When prescription drug coverage exists for insured citizens, insurers shall allow insured individuals to obtain refills of their prescriptions even if the prescription was recently filled, consistent with approval from patients’ health care providers and/or pharmacists. 8. The Kentucky Department of Employee Insurance shall coordinate with the Kentucky Department of Insurance to ensure that the provisions of this Executive Order apply to participants in the state employee health plan. |
| [**https://governor.ky.gov/attachments/20200318\_Executive-Order\_2020-243\_Social-Distancing.pdf**](https://chfs.ky.gov/agencies/dms/ProviderLetters/dmsproviderletterCOVID19.pdf) | **Executive Order 2020-243 - State of Emergency Relating to Social Distancing – *Effective 3/13/2020***  All state agencies, including cabinets, departments, boards, commissions, and other Executive Branch entities charged with enforcing statutes or regulations, shall issue any orders or memoranda necessary to clarify the suspension of any statutory or regulatory provision that is suspended pursuant to this Order, subject to the approval by the Office of the Governor or the Cabinet Secretary to which the state agency is administratively attached under KRS 12:020.  2(a) providing services and conducting operations by mail, internet, telephone, and video teleconferences, to the extent practicable. |
| [**https://governor.ky.gov/attachments/20200325\_Executive-Order\_2020-257\_Healthy-at-Home.pdf**](http://bot.ky.gov/Documents/03.30.20%20KBLOT%20Statement.pdf) | **Executive Order 2020-257 – State of Emergency Allowing for More Telehealth Options in Kentucky – *Effective 3/25/2020***  This order takes additional steps to encourage Kentuckians to remain Healthy at Home, and to do everything in their power to stop the spread of the disease. This order should be construed broadly to prohibit in-person work that is not necessary to protect or sustain life. |
| [**http://apps.sos.ky.gov/Executive/Journal/execjournalimages/2020-Reg-SB-0150-2878.pdf**](http://www.kybve.com/documents/2020-04-20_Email_7_COVID-19.pdf) | **Senate Bill 150 – An ACT Regarding to the State of Emergency in Response to COVID-19 and Declaring an Emergency – *Effective 3/30/2020***  Includes telehealth services by out-of-state healthcare providers with a patient in this state.  The State Board of Medical Licensure, the Kentucky Board of Emergency Medical Services, and the Board of Nursing may waive or modify state statutes or administrative regulations relating to the respective professions over which each Board has jurisdiction:   1. For licensure or certification requirements for health care providers who are li257 - censed or certified in other states to provide services in Kentucky; 2. To relax the scope of practice requirements to allow health care providers to practice in all settings of care; 3. To allow physicians to supervise a greater number of other health care providers and to do so using remote or telephonic means; 4. To allow for rapid certification or licensure and recertification or re-licensure of health care providers; 5. To allow medical students to conduct triage, diagnose, and treat patients under the supervision of licensed health care providers; 6. For standards that are not necessary for the applicable standards of care to establish a patient-provider relationship, diagnose, and deliver treatment recommendations utilizing telehealth technologies; and 7. To reactivate the licenses of inactive and retired health care providers, including emergency medical providers and nurses, to allow them to re-enter the healthcare workforce. |
| **PROFESSIONAL LICENSURE BOARDS** | |
| **Boards** | **Actions and Guidance** |
| **Kentucky Board of Alcohol and Drug Counselors** | **Memorandum – *Effective 4/08/2020***   * At least fifty (50) percent of the required continuing education hours for a credential holder shall be earned through live, face-to-face, continuing education presentations is suspended. During the emergency, synchronous trainings attended via telecommunication will be accepted as face-to-face. * Reactivation of registration, certification or licensure requires twenty (20) hours of continuing education within one (1) year immediately preceding the date of reactivation. The requirement that a minimum of ten (10) hours shall be live, face-to-face continuing education presentations is suspended. During the State of Emergency, synchronous trainings attended via telecommunication will be accepted as face-to-face. * Sixteen (16) hours of interactive training in ethics of which eight (8) hours shall consist of face-to-face training is suspended. During the State of Emergency, synchronous ethics trainings attended via telecommunication will be accepted as face-to-face. * A minimum of six (6) hours of face-to-face ethics training related to counseling is suspended. During the State of Emergency contained in Executive Order 2020-215, synchronous ethics trainings attended via telecommunication will be accepted as face-to-face. * Certification as an alcohol and drug counselor requiring a minimum of six (6) hours of face-to-face ethics training related to counseling is suspended. During the State of Emergency, synchronous ethics trainings attended via telecommunication will be accepted as face-to-face. * Licensure as a licensed clinical alcohol and drug counselor requiring a minimum of six (6) hours of face-to-face ethics training related to counseling is suspended. During the State of Emergency, synchronous ethics trainings attended via telecommunication will be accepted as face-to-face. * The requirement for a minimum of 200 hours of clinical supervision conducted face to face in an individual or group setting is suspended. During the State of Emergency, synchronous supervision attended via telecommunication will be accepted as face-to-face. * The requirement for all supervision requirements to be met with face-to-face individual or group weekly contact between supervisor and supervisee is suspended. During the State of Emergency, synchronous supervision attended via telecommunication will be accepted as face-to-face. * **Delivery of services by telehealth**. The board has no statutes or regulations governing the delivery of services by telehealth. For boards that do not have statutes that require them to regulate telehealth, if credential holders practice telehealth, the credential holder must abide by state and federal law governing telehealth and their own codes of ethics for their boards. The board’s Code of Ethics requires that credential holders practice only in their area of competence, which would include competence in their scope of practice and with the platform they are using. * **Supervision of credential holders providing services by telehealth**. Credential holders must meet the requirements of 201 KAR 35:070. There is currently no prohibition preventing qualified supervisees from providing services via telehealth as long as they are properly supervised by a licensee. Supervisors with supervisees delivering services by telehealth are reminded that the supervisor of record shall be responsible for the practice of alcohol and drug counseling by the supervisee. When providing supervision, supervisors must operate in accordance with the board’s Code of Ethics whether or not services are provided face-to-face or via telehealth. * Ordinarily, telehealth services must be done on a HIPAA-compliant platform. During this State of Emergency, this requirement and any others in 201 KAR Chapter 35 requiring similar compliance are suspended to the extent they require that telehealth be conducted on HIPAA-compliant platforms.   Please note that these changes are only in place during the State of Emergency and will expire when the State of Emergency has ceased.  **Source:** [**http://adc.ky.gov/Documents/04.08.20%20ADC%20Memorandum.pdf**](https://governor.ky.gov/attachments/20200309_Executive-Order_2020-220.pdf) |
| **Kentucky Applied Behavior Analyst Licensing Board** | **Memorandum - *Effective 3/25/2020***  Pursuant to EO 2020-215 and EO 2020-243, the Board is clarifying that the following provisions are suspended, pursuant to Executive Order 2020-243, during the State of Emergency contained in Executive Order 2020-215 as related to COVID-19:   * 201 KAR 43:100, Section 1. Requirements for Licensees Providing Applied Behavior Analytic Services via Telehealth: Under Section 1(2), the provision that applied behavior analysis with a client shall not commence via telehealth is suspended. * 201 KAR 43:100, Section 1. Requirements for Licensees Providing Applied Behavior Analytic Services via Telehealth: Sections 1(2)(a) and (b), which require an initial in person meeting for the licensee and client who plan to utilize telehealth services is suspended. * 201 KAR 43:100, Section 1. Requirements for Licensees Providing Applied Behavior Analytic Services via Telehealth: Section 1(2)(b)5, which requires that at the initial meeting with the client, the licensee shall obtain the client’s written consent, is suspended. * 201 KAR 43:100, Section 2. Jurisdictional Considerations: Subsection (1), which requires that a person providing applied behavior analytic services via telehealth to a person physically located in Kentucky while services are provided shall be licensed by the Board, is suspended * 201 KAR 43:100, Section 2. Jurisdictional Considerations: Subsection (2), which requires that a person providing applied behavior analytic services via telehealth from a physical location in Kentucky shall be licensed by the board and may be subject to licensure KentuckyUnbridledSpirit.com An Equal Opportunity Employer M/F/D requirements in other states where the services are received by the client, is suspended.   There is currently no prohibition preventing qualified supervisees from providing applied behavior analytic services via telehealth as long as they are properly supervised by a licensee. Additionally, when providing supervision, licensees must operate in accordance with the BACB’s Professional and Ethical Compliance Code for Behavior Analysts [**https://www.bacb.com/wpcontent/uploads/BACB-Compliance-Code-english\_190318.pdf**](https://dentistry.ky.gov/Documents/UofL%20PPE%20Matrix.pdf) whether or not services are provided face-to-face or via telehealth  **Source:** [**http://aba.ky.gov/Documents/Memorandum%20re%20EO%202020-0243-ABA.pdf**](https://labor.ky.gov/Documents/Telehealth%20COVID-19.pdf) |
| **Kentucky Board of Chiropractic Examiners** | **Guidance For Health Care Practitioners And Facilities**  **Source:** [**https://kbce.ky.gov/Documents/KBCE%20Guidance%20from%20KDPH.pdf**](https://kbce.ky.gov/Documents/KBCE%20Guidance%20from%20KDPH.pdf) |
| **Kentucky Board of Dentistry** | * **Guidelines for Dental Care under COVID-19**   **Phase I: Dentistry’s Plan**  **Source:** [**https://dentistry.ky.gov/Documents/Phase%20I%20Reopening%20-%20Dentistry%27s%20Plan%20w\_%20Logos.pdf**](http://apps.sos.ky.gov/Executive/Journal/execjournalimages/2020-Reg-SB-0150-2878.pdf)   * **Summary of Phase I Guidelines**   **Source:** [**https://dentistry.ky.gov/Documents/Phase%20I%20Reopening%20-%20Dentistry%27s%20Plan%20Bullet%20Points%20w\_logos.pdf**](http://adc.ky.gov/Documents/04.08.20%20ADC%20Memorandum.pdf)   * **PPE Usage Matrix**   **Source:** [**https://dentistry.ky.gov/Documents/UofL%20PPE%20Matrix.pdf**](https://apps.legislature.ky.gov/law/kar/907/003/300E.pdf)   * **FAQs for Phase I Dentistry**   **Source:** [**https://dentistry.ky.gov/Documents/Phase%20I%20FAQs.pdf**](https://apps.legislature.ky.gov/law/kar/902/004/140E.pdf)   * **DPH Elective Care Memo 04/27/20**   **Source:** [**https://chfs.ky.gov/agencies/dph/covid19/phaseIrollback.pdf**](https://chfs.ky.gov/agencies/dph/covid19/phaseIrollback.pdf) |
| **Kentucky Board of Licensed Diabetes Educators** | **Supervision and Work Experience**  **Source:** [**http://bde.ky.gov/Documents/07.21.20%20DE%20Guidance.docx.pdf**](https://www.bacb.com/wpcontent/uploads/BACB-Compliance-Code-english_190318.pdf) |
| **Kentucky Board of Licensure and Certification for Dietitians and Nutritionists** | **Memorandum – *Effective March 30, 2020***  Telehealth: Telehealth services are licensed services provided by electronic means, as opposed in in-person, face-to-face contact. KRS 310.200 provides for use of telehealth as a means of provision of dietary services in Kentucky. Until the state of emergency expires or is rescinded, a “treating dietitian or nutritionist” providing or facilitating the use of telehealth services under KRS 310.200, may do so to meet the mandates of social distancing.   1. The provision of telehealth services in any state is governed by the laws of that state. 2. Telehealth services must still comply with KRS 310.200 in terms of the necessity of obtaining informed consent for services, and maintaining patient confidentiality. 3. Governor Beshear has also enacted emergency administrative regulation 907 KAR 3:300E, which adopts into the Kentucky regulations any actions taken by the federal Department of Health and Human Services through the Department of Medicaid Services, including expanding certain services and benefits, including telehealth services. To the extent CMS makes changes in its telehealth regulations, including any adjustment or relaxation of HIPAA standards for telehealth, these are adopted in to Kentucky law for purposes of the current state of emergency.   **Source:** [**http://bdn.ky.gov/Documents/03.30.20%20Memorandum-DandN.pdf**](http://aba.ky.gov/Documents/Memorandum%20re%20EO%202020-0243-ABA.pdf) |
|  | **Guidance For Health Care Practitioners And Facilities**  **Source:** [**https://kbce.ky.gov/Documents/KBCE%20Guidance%20from%20KDPH.pdf**](https://governor.ky.gov/attachments/20200325_Executive-Order_2020-257_Healthy-at-Home.pdf) |
| **Kentucky Board of Licensure for Marriage and Family Therapists** | **Memorandum – *Effective 3/31/2020***  In accordance with State of Emergency orders and guidance from the Department of Health and Human Services (HHS) received by the Governor’s Office on March 24, 2020, the Board has suspended the following:   * 15-hour training for telehealth required by 201 KAR 32:110E Section 3 * 201 KAR 32:110E, Section 3(1) requiring supervisors of Associates conducting telehealth to complete the 15-hour training * 201 KAR 32:110E, Section 8(1) requiring compliance with HIPAA and HITECH regarding telehealth * The Board has received many questions regarding if continuing education training is required in order to provide “clinical supervision” via telecommunication. During the State of Emergency under Executive Order 2020-215, supervision may be conducted online. No continuing education is required to supervise.   The suspensions of certain provisions listed in this Memorandum will only be in effect during the declared State of Emergency for the Commonwealth of Kentucky. Upon the expiration or rescission of the State of Emergency, licensees and therapists practicing telehealth and licensees supervising associates practicing telehealth who have not had the 15-hour training will be required to do so.  **Source:** [**http://mft.ky.gov/Documents/03.31.20%20Memorandum-MFT.pdf**](https://dentistry.ky.gov/Documents/Phase%20I%20Reopening%20-%20Dentistry's%20Plan%20w_%20Logos.pdf)  **201 KAR 32:110E. Telehealth *Effective 3/31/2020***  **https://apps.legislature.ky.gov/law/kar/201/032/110E.pdf** |
| **Kentucky Board of Medical Licensure** | **Kentucky Registration for Emergency System for Advanced Registration of Volunteer Health Practitioners – *Effective 3/17/2020***  Medical and Osteopathic physicians not already licensed to practice in the Commonwealth of Kentucky may register to practice within Kentucky during the state of emergency declared by Governor Beshear.  **Source:** [**https://kbml.ky.gov/Pages/index.aspx**](https://kbml.ky.gov/Pages/index.aspx)  **Telehealth for Prescribing Controlled Substances Advisory of Prescribing During Declaration of Emergency**  For patients beginning treatment of opioid use disorder with buprenorphine, in order to avoid exposing the patient or others to the current environment, it may be appropriate to screen the patient using telehealth technologies in order to determine whether an in-person examination is warranted. In this state of emergency, telehealth may be a clinically sound approach for some patients and some conditions, but for others it may not. It is appropriate to use telehealth resources to help make such a determination on patient-by-patient basis.  **Source:** [**https://kbml.ky.gov/Documents/Advisory%20on%20Prescribing%20During%20Declaration%20of%20Emergency.pdf**](http://bde.ky.gov/Documents/07.21.20%20DE%20Guidance.docx.pdf) |
| **Kentucky Board of Nursing** | **Instructions for Registration of Health Practitioners in Response to State of Emergency – *Effective 3/20/2020***  Pursuant to the CHFS Directive, the Good Samaritan Act of 2007, KRS 39A.350-366 and KRS 314.101(1)(a) the KBN has created a registry and application process for nurses and board certified dialysis technicians to practice in the Commonwealth during the state of emergency.  **Source:** [**https://kbn.ky.gov/Pages/default.aspx**](http://bdn.ky.gov/Documents/03.30.20%20Memorandum-DandN.pdf) |
| **Kentucky Board of Occupational Therapy** | **Letter** – ***Effective 3/30/2020***   * Suspend the in-person supervision requirement during the declared state of emergency * Relax the criteria for face-to-face supervision of occupational therapy assistants and temporary permit holders, and indirect methods of supervision (text, email, phone call, FaceTime/Skype) may be utilized to meet these needs during this time of restricted contact. * Once the restrictions have been lifted, then it will be imperative to return to the original supervision methods. It has been suggested that phone calls are still an important method of supervision as they allow for human contact and discussion during this time.   **Source:** [**http://bot.ky.gov/Documents/03.30.20%20KBLOT%20Statement.pdf**](https://chfs.ky.gov/agencies/dms/Documents/telehealth%20wellchildvisit%20memo.pdf) |
| **Kentucky Board of Optometric Examiners** | **COVID-19 Advisory for Kentucky Licensed Optometrists** – ***Effective 3/18/2020***  The Commonwealth of Kentucky takes very serious the threat posed by the novel coronavirus outbreak in state and across the globe. In response the Kentucky Board of Optometric Examiners (“Board”) advises as follows: In accordance with Centers for Disease Control (CDC) guidelines amended yesterday, March 17, 2020, recommending that everyone postpone all routine dental and eye care visits, and upon the advice of the Kentucky Governor’s Office (See also Governor’s Order dated March 17, 2020) , and the Cabinet for Health and Family Services (“Cabinet”), the Board urges all licensed Optometrists comply with the CDC recommendations and that you postpone all routine eye-care visits and elective procedures. This should begin immediately and continue until advised otherwise by this Board. However, the postponement of “routine eye care visits” does not require that all optometric services stop. This only applies to nonessential, non-urgent care. Kentucky doctors of optometry are recognized as serving in essential health care roles, and provide essential health care to vulnerable citizens. The Board will review and may choose to act upon instances of the use of non-essential/non-emergency CPT codes. The Board will take seriously any complaints received related to practice claimed to be reckless given the novel coronavirus outbreak pursuant to 201 KAR 5:040 related to Unprofessional Conduct.  **Source**: [**https://optometry.ky.gov/Documents/03182020%20COVID-19%20Advisory.pdf**](https://kbml.ky.gov/Documents/Advisory%20on%20Prescribing%20During%20Declaration%20of%20Emergency.pdf)    **COVID-19 Revised Guidelines** – ***Effective May 7, 2020***  **Source:** [**https://optometry.ky.gov/Documents/05072020%20COVID-19%20Revised%20Guidelines.pdf**](https://governor.ky.gov/attachments/20200318_Executive-Order_2020-243_Social-Distancing.pdf) |
| **Kentucky Board of Pharmacy** | **The State of Emergency,** [**Executive Order 2020-749**](https://kbce.ky.gov/Documents/KBCE%20Guidance%20from%20KDPH.pdf)**, was renewed on September 4, 2020. Please see** [**KRS 315.500**](http://mft.ky.gov/Documents/03.31.20%20Memorandum-MFT.pdf?id=31049)**,** [**201 KAR 2:330**](http://pat.ky.gov/Documents/LPAT%20Telehealth%20Services%20Memo.pdf) **and** [**201 KAR 2:175**](https://optometry.ky.gov/Documents/03182020%20COVID-19%20Advisory.pdf) **for pharmacist guidance. The 30 day refill of a non-controlled prescription is a continuous standing order throughout the duration of the State of Emergency and not limited to a one time refill.**  **Kentucky Board of Pharmacy COVID-19 FAQs and Guidance - *Effective 8/04/2020***  **Source:** [**https://pharmacy.ky.gov/Documents/Kentucky%20Board%20of%20Pharmacy%20COVID-19%20FAQs.pdf**](https://kbn.ky.gov/Pages/default.aspx)  **More COVID-19 Information -** [**https://pharmacy.ky.gov/Pages/COVID-19-Information.aspx**](https://pharmacy.ky.gov/Documents/Executive%20Order%202020-749.pdf) |
| **Kentucky Board of Physical Therapy** | **Instructions for Registration of Health Practitioners to Utilize Telehealth/Telephysical Therapy in Response to Kentucky’s State of Emergency**  **Source:** [**https://pt.ky.gov/Documents/Instructions.TelehealthRegistry.04.09.20.pdf**](https://apps.legislature.ky.gov/law/statutes/statute.aspx) |
| **Kentucky Board of Professional Art Therapists** | **Memorandum – *Effective 3/25/2020***   * The Board does not have statutes or regulations governing the use of telehealth services by licensed art therapists in the state of Kentucky. Thus, LPAT/LPATA’s can provide telehealth services, if they so choose. * If licensees provide services via telehealth, they must follow the Board’s Code of Ethics, 201 KAR 34:040, and the Code of Conduct & Ethics set by the ATBC and AATA. Licensees should pay particular attention to the Board’s Code of Ethics requirement that licensees practice within their area of competence. * 201 KAR 34:040, Section 1(2)(k) and Section 4. Supervisors are reminded that they may not allow a supervisee to perform services outside the supervisee’s area of competence.   **Source:** [**http://pat.ky.gov/Documents/LPAT%20Telehealth%20Services%20Memo.pdf**](https://dentistry.ky.gov/Documents/Phase%20I%20Reopening%20-%20Dentistry's%20Plan%20Bullet%20Points%20w_logos.pdf) |
| **Kentucky Board of Licensed Professional Counselors** | **Memorandum – *Effective 4/08/2020***   * At least fifty (50) percent of the required continuing education hours for a credential holder shall be earned through live, face to face, continuing education presentations is suspended. Synchronous trainings attended via telecommunication will be accepted as face-to-face. * The requirement that a minimum of ten (10) hours shall be live, face-to-face continuing education presentations is suspended. During the State of Emergency contained in Executive Order 2020-215, synchronous trainings attended via telecommunication will be accepted as face-to-face. * Sixteen (16) hours of interactive training in ethics of which eight (8) hours shall consist of face-to-face training is suspended. During the State of Emergency contained in Executive Order 2020- 215, synchronous ethics trainings attended via telecommunication will be accepted as face-to-face. * A minimum of six (6) hours of face-to-face ethics training related to counseling is suspended. During the State of Emergency contained in Executive Order 2020-215, synchronous ethics trainings attended via telecommunication will be accepted as face-to-face.   **Source:** [**http://psy.ky.gov/Documents/PSY%20COVID19%20Memorandum.pdf**](https://pharmacy.ky.gov/Pages/COVID-19-Information.aspx) |
| **Kentucky Board of Examiners of Psychology** | **Memorandum – *Effective March 25, 2020***  Telehealth: Telehealth services are licensed services provided by electronic means, as opposed to in-person, face-to-face contact. KRS 319.140 provides for use of telehealth as a means of provision of psychological services in Kentucky. The provision of telehealth services in any state is governed by the laws of that state. Until the state of emergency is lifted, a “treating psychologist or psychological associate” providing or facilitating the use of telehealth services under KRS 319.140 and 201 KAR 26:310, may do so to meet the mandates of social distancing, including any practitioners who are under a requirement for supervision, subject to the below-stated requirements for supervision.  Supervision: Supervision as required under KRS 319.50, and 201 KAR 26:171, and .90, shall not be required to be face-to-face or by direct observation until the state of emergency is lifted. Licenses are not required during this time to seek Board permission for electronic supervision. Any and all supervision shall be carried out by electronic means, at the frequency and form required by 201 KAR 26:170, Section 2 and Section 11. The usual documentation and reporting requirements set forth in this regulation shall remain in place.   1. No licensee shall be required to engage in direct client care while receiving clinical supervision. 2. A licensee may petition the Board to be relieved from supervision requirements under 201 KAR 26:170, Section 3, but shall remain under supervision until such time as the Board rules on said petition.   Continuing Education: Any and all deadlines for obtaining continuing education course credits are hereby suspended until ninety (90) days after the state of emergency is lifted.   1. Any continuing education course approved as an in person, face-to-face course shall remain approved if to be presented by electronic media, so long as the content and the qualifications of the presenter remain the same as previously approved. 2. Any deadlines for the review and approval of continuing education courses for providers and sponsors are suspended until the state of emergency is lifted.   Kentucky regulations also provide that a person licensed to practice psychology in another jurisdiction and who is providing service in response to a declared disaster pursuant to an agreement between the American Red Cross and the American Psychological Association’s Disaster Response Network may begin practice in Kentucky upon notification to the board.  **Source:** [**http://psy.ky.gov/Documents/PSY%20COVID19%20Memorandum.pdf**](https://dentistry.ky.gov/Documents/Phase%20I%20FAQs.pdf) |
| **Kentucky Board of Respiratory Care** | **COVID-19 Response – *Effective 4/03/2020***   * For the duration of the state of emergency, continuing education requirements for reinstatement or reactivation of a mandatory certificate to practice respiratory therapy shall be waived. Any mandatory certificate reinstated or reactivated pursuant to this waiver shall no longer be effective for the practice of respiratory therapy in Kentucky thirty (30) days following the Governor’s declaration that the state of emergency has ended. * For the duration of the state of emergency, the fee paid for a student license shall be credited against the fee due with an application for a temporary license, and the temporary license fee shall be credited against the fee due with an application for a mandatory certificate. * The Board has determined that it will review and approve volunteer health practitioners for provisions of respiratory care, and maintain a registry of such individuals for healthcare facilities to consult and obtain. The Board will receive and review information from individuals seeking to serve as volunteer health practitioners, and will issue a letter to such individuals that they have been approved for such services and will be placed on a registry list.   **Source:** [**https://kbrc.ky.gov/Documents/Bd.%20of%20Respiratory%20Care%20Covid-19%20Response%20Memo.pdf**](https://kbrc.ky.gov/Documents/Bd.%20of%20Respiratory%20Care%20Covid-19%20Response%20Memo.pdf) |
| **Kentucky Board of Social Work** | **KRS 335.158 Telehealth – *Effective 3/19/2020***  Until the state of emergency is lifted, and in order to meet the mandates of social distancing, “treating clinical social worker” for purposes of providing telehealth services under the provisions of this statute, shall include CSWs that are under board-approved clinical supervision of an LCSW supervisor. This expanded definition will only apply until the state of emergency is lifted.  **Source:** [**https://bsw.ky.gov/Documents/3-19-20-Message-from-Dr.-Jay-Miller-COVID-19.pdf**](https://apps.legislature.ky.gov/law/kar/201/002/175.pdf) |
| **Kentucky Board of Speech-Language Pathology and Audiology** | **Memorandum – *Effective 3/25/2020***  Pursuant to EO 2020-215 and EO-2020-243, the Board is clarifying that the following provisions are suspended during the State of Emergency contained in Executive Order 2020-215 as related to COVID-19:   * 201 KAR 17:110, Section 2. Client Requirements: Under Section (2), the provision that a practitioner-patient relationship shall not commence via telehealth is suspended. During the State of Emergency contained in Executive Order 2020-215, speech-language pathologists and audiologists may commence relationships with patients via telehealth. No initial in-person consultation is required. * 201 KAR 17:110, Section 2. Client Requirements: Since licenses are no longer required to conduct the initial, in-person meeting, the requirements of the initial, in-person meeting with the client found in Section 2(1) through Section 2(5), are suspended.   201 KAR 17:110, Section 3(3): During the State of Emergency, the Department of Health and Human Services has agreed to waive potential HIPAA violations for telehealth services provided on platforms that are not HIPAA compliant. Therefore, the requirement that licenses utilizing telehealth and telepractice must utilize “authentication and encryption technology” is suspended.  **Source:** [**http://slp.ky.gov/Documents/Memorandum.pdf**](https://optometry.ky.gov/Documents/05072020%20COVID-19%20Revised%20Guidelines.pdf) |
| **Kentucky Board of Veterinary Examiners** | The Board has previously taken steps to ensure licensee are informed about the Governor’s Executive Orders, and has made recommendations to ensure compliance with these Eos.   * [3/17/2020](http://psy.ky.gov/Documents/PSY%20COVID19%20Memorandum.pdf) – Recommendations regarding COVID-19 * [3/19/2020](https://pt.ky.gov/Documents/Instructions.TelehealthRegistry.04.09.20.pdf) – Board recommendations on medical equipment conservation, precautionary procedures * [3/20/2020](http://www.kybve.com/documents/2020-03-20_Email_3_COVID-19.pdf) - Memo from the Chairman * [3/24/2020](https://bsw.ky.gov/Documents/3-19-20-Message-from-Dr.-Jay-Miller-COVID-19.pdf) - Directive to Postpone non-essential medical procedures * [3/27/2020](https://pharmacy.ky.gov/Documents/Kentucky%20Board%20of%20Pharmacy%20COVID-19%20FAQs.pdf) - Clarifications on the Governor’s Directors * [4/04/2020](https://apps.legislature.ky.gov/law/kar/201/002/330.pdf) - Call for PPE Donations, Methods of Reporting Noncompliance * [4/24/2020](https://governor.ky.gov/attachments/20200306_Executive-Order_2020-215.pdf) - Memo and Order from the Board, signed by Governor’s Office   [KRS 321.185](http://slp.ky.gov/Documents/Memorandum.pdf?id=45322) - The Board encourages the use of telehealth where possible, within the bounds of a current, valid VCPR. The Board considers a VCPR current if the patient has been seen within the last 12 months. |
| **INDEPENDENT ADMINISTRATIVE BODIES** | |
| **Boards** | **Actions and Guidance** |
| **Kentucky Board of Emergency Medical Services** | **Order – *Effective 4/09/2020***  Waiver and Modification of Provisions of the following administrative regulations promulgated by the Board are necessary to protect public health and safety:   * 202 KAR 7:201. First Responders. * 202 KAR 7:301. EMT. * 202 KAR 7:330. Requirements for examination, certification, and recertification of the advance emergency medical technician. * 202 KAR 7:401. Paramedics. * 202 KAR 7:601. Training, education, and continuing education. * 202 KAR 7:701. Scope of Practice   **Order – *Effective 4/14/2020***  Waivers and Modifications of Provisions of the following administrative regulations promulgated by the Board are necessary to protect public health and safety:   * 202 KAR 7:501. Ambulance agency license. * 202 KAR 7:510. Air ambulance services. * 202 KAR 7:540. EMS data collection, management, and compliance. * 202 KAR 7:545. License classifications. * 202 KAR 7:550. Required equipment and vehicle standards. * 202 KAR 7:555. Ground agencies. * 202 KAR 7:560. Ground vehicle staff. * 202 KAR 7:801. Medical directors.   **Statement of Support for EMS Services and Educational Institutes for COVID-19 Education and Related Certification/License Impacts – *Effective 4/14/2020***  **Source:** [**https://kbems.kctcs.edu/news\_and\_events/2020-coronavirus.aspx**](http://www.kybve.com/documents/2020-03-17_Email_1_COVID-19.pdf) |

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| **CABINET FOR HEALTH AND FAMILY SERVICES** | | |
| **Office / Department** | **Actions and Guidance** | |
| **Office of Legal Services** | **Directive Elective Procedures – *Effective 3/23/2020***  Aggressive social distancing measures have been mandated by emergency order as a necessary measure to limit and contain the spread of the COVID-19 infection. As a consequence of these mandates:   1. All non-emergent, non-urgent in-person medical, surgical, dental, and any other healthcare practice or procedure must have immediately ceased effective close of business on March 18, 2020. 2. The Commonwealth of Kentucky relies upon licensed healthcare professionals within the state to exercise their best clinical judgment in the implementation of this restriction. 3. To assist licensed healthcare professions in the exercise of their judgment, the following guidelines are offered: 4. Emergent – Any healthcare service that, were if not provided, is a high risk of resulting in serious and/or irreparable harm to a patient if not provided within 24 hours. 5. Urgent – Any healthcare service that, were it not provided, is a high risk of resulting in serious and/or irreparable harm to a patient if not provided within 24 hours to 30 days. 6. Non-Urgent – Any healthcare service that, were it not provided, is unlikely to result in any serious and/or irreparable harm to a patient if not provided for more than 30 days. (For example, chiropractic medicine) 7. When considering the above guidance, clinicians are urged to consider whether the service provided would still be retrospectively deemed necessary if the patient (or close contact of the patient) were to become infected to COVID-19 as a result and suffer serious and/or irreparable harm as a result. 8. Under all circumstances where clinically possible, use of telephone or video communication to provide telemedicine services is strongly urged. Medicare and Medicaid have WAIVED typical telemedicine and HIPAA requirements and you may even use non-HIPAA compliant video services such as FaceTime, Skype, and others during the current state of emergency.   All healthcare providers are instructed to follow these recommendations when considering what procedures to cancel. This directive became effective at midnight March 18, 2020.  **Source:** [**https://governor.ky.gov/attachments/20200323\_Directive\_Elective-Procedures.pdf**](http://psy.ky.gov/Documents/PSY%20COVID19%20Memorandum.pdf) | |
| **Department for Medicaid Services** | **Guidance on Well Child Visits During COVID-19 – *Effective 4/15/2020***  DMS will reimburse at the same rate as an in-person visit as for a telehealth well child visit. Specific guidance has been developed during the time of emergency for fee for service and managed care populations.  **For children age 24 months and younger:**   * Recommendation: Continue in-person well child visits in order to receive necessary immunizations and other screenings.   **For children over age 24 months:**   * Recommendation: Providers may perform well child visits using telehealth modalities reporting the appropriate preventive medicine CPT codes and adding the place of service code “02” on the billing form. No telehealth modifiers are required. Providers will need to use their clinical judgement as to what components of the visit are appropriate to be performed during the telehealth visit. Audio-visual telehealth is preferred, but audio only is acceptable. * Coding and Documentation: Report the appropriate Preventive Medicine CPT Code (99382-5, 99392-5) and place of service “02.” For all well child visits completed via telehealth clear documentation must be provided in the record stating the visit was completed via telehealth due to COVID-19 emergency and include any limitations of the service (i.e., vaccinations, vision or hearing screening, labs). Additional procedural codes may be included as appropriate (i.e., developmental screening – 96110, behavioral/emotional assessment – 96127, health risk assessment – 96160, 96161). * Immunizations: Providers may provide vaccine counseling during the telehealth visit and then provide the vaccine administration later. The vaccine administration code, 90460, would be billed at the time of vaccine administration. * Follow-up after COVID-19 Emergency: Any member that receives a preventive medicine visit via telehealth should have an in-person follow-up visit within 6 months of the end of the declared emergency to complete the rest of the components of the well child visit that were not able to be performed via telehealth. For the in-person visit, the follow-up visit code of 99213 should be billed and well-child visit can be used as a diagnosis code if another more specific code is not apparent.   **Source:** [**https://chfs.ky.gov/agencies/dms/Documents/telehealth%20wellchildvisit%20memo.pdf**](http://www.kybve.com/documents/2020-04-4_Email_6_COVID-19.pdf) | |
| **Department for Medicaid Services** | **Approval of Federal Section 1135 Waiver Requests – *Effective 3/01/2020***   * Temporarily suspend Medicaid fee-for-service prior authorization requirements. Section 1135(b)(1)(C) allows for a waiver or modification of pre-approval requirements, including prior authorization processes required under the State Plan for particular benefits. * Suspend Pre-Admission Screening and Annual Resident Review (PASRR) Level I and Level II Assessments for 30 days. * State Fair Hearing Requests and Appeal Timelines * Provider Enrollment * Provision of Services in Alternative Settings   **Source:** [**https://chfs.ky.gov/agencies/dms/Documents/1135Flexibilities.pdf**](http://www.kybve.com/documents/2020-03-20_Email_3_COVID-19.pdf) | |
| **Department for Medicaid Services** | **Provider Letter A-105 COVID-19 Guidance – *Effective 3/11/2020***  Waiving all cost sharing for services associated with COVID-19, encouraging the use of telehealth through HIPAA compliant technology, when possible, and adding the following codes on a temporary basis for brief communications with established patients:   * G2012 to be utilized for telephone calls between physician and patient, including FaceTime; and * G2010 to be utilized for remote evaluation, such as email, of recorded video or images submitted by a patient. * Eliminating prior authorizations for COVID-19 related services, including hospitalizations and office visits. * Allowing early refill to allow 30, 60, or 90-day supply of medication.   DMS will follow Medicare policy regarding reimbursement for codes U0001, U0002, G2012, and G2010. The codes will be retroactively effective on February 4, 2020, but will not be billable until after April 1. MCOs are implementing the same policies related to identification and treatment of COVID-19.  **Source:** [**https://chfs.ky.gov/agencies/dms/ProviderLetters/dmsproviderletterCOVID19.pdf**](http://www.kybve.com/documents/2020-03-27_Email_5_COVID-19.pdf) | |
| **Department for Medicaid Services** | **Statement of Emergency – 907 KAR 1:604E – *Effective 3/13/2020***  This emergency administrative regulation is being promulgated to remove copayment requirements for 1915(c) waiver enrollees and members receiving services within long-term care facilities, waive Medicaid copayments under circumstances relating to an emergency declaration, clarify additional circumstances where the department may waive cost-sharing in response to an actuarial analysis if federal approval is received, clarify that pregnant women are fully exempt from Medicaid copayments, remove references to a nonfunctioning federal waiver, and clarify that managed care organizations may reduce or eliminate copayments for their enrollees.  **Source:** [**https://governor.ky.gov/attachments/20200313\_State-of-Emergency\_907-KAR-1-604E.pdf**](https://kbems.kctcs.edu/news_and_events/2020-coronavirus.aspx) | |
| **Department for Medicaid Services** | **1915(c) Home and Community Based Services Waiver Providers – *Effective 3/13/2020***  Effective immediately, case managers may conduct visits with waiver participants online or by phone. Case managers need to ensure meetings are conducted in a Health Information Portability and Accountability Act (HIPAA)-compliant manner.  Current statutes and regulations allow Medicaid providers to use telehealth as a delivery method for most covered services. Telehealth is defined in Kentucky Revised Statute 205.520(15), which mandates the use of HIPAA-compliant telehealth platform.  1915(c) HCBS waiver providers who possess this technology and wish to use it should keep the following in mind:   * Services should be provided within the scope of the provider’s licensure and be compliant with Kentucky Administrative Regulation 907 KAR 3:170.   Only services that can reasonably be provided online should be delivered via telehealth. Services requiring hands-on care, such as Homemaking or Personal Care, should be delivered in person. Please see the guidance DMS issued to 1915(c) HCBS waiver providers on March 11 regarding the safe delivery of services during the COVID-19 outbreak.  **Source:** [**https://chfs.ky.gov/agencies/dms/ProviderLetters/1915ctelehealthcovid19providerletter.pdf**](http://www.kybve.com/documents/2020-03-19_Email_2_COVID-19.pdf) | |
| **Department for Medicaid Services** | **Provider Letter A-106 COVID-19 Guidance – Telehealth – *Effective 3/17/2020***  Licensed behavioral health providers can deliver services via telehealth, with the exception of residential substance use disorder treatment services and residential crisis services. All providers delivering care via telehealth must comply with all telehealth regulations, including synchronous, two-way video on a HIPAA secure link. DMS will allow the following services to be conducted via telehealth or telephone on a temporary basis:   * Targeted Case Management (all types) * Peer Support Services * Community Support Services   MCOs are implementing the same policies related to identification and treatment of COVID-19.  **Source:** [**https://chfs.ky.gov/agencies/dms/ProviderLetters/behavioralhealthcovid19.pdf**](https://apps.legislature.ky.gov/law/statutes/statute.aspx) | |
| **Department for Medicaid Services** | **907 KAR 3:300. Enhanced and suspended Medicaid services and requirements if there is a declared national or state emergency -** ***Amended at ARRS, August 11, 2020***  Enhanced or Expanded Medicaid Benefits. Medicaid services and requirements that may be enhanced or expanded include:   1. Any appropriate health service related to or rationally related to the declared emergency; 2. Telehealth services, which may include: 3. Those services that are otherwise designated as face-to-face only through KAR Title 907; 4. The use of equipment, such as a telephone that would not customarily be allowed for a telehealth service pursuant to KAR Title 907; or 5. Expanded use of asynchronous telehealth or store-and-forward telehealth, including: 6. Remote patient monitoring, as appropriate; or 7. Any other telehealth service for which an evidence base exists to justify the safety and efficacy of the service if provided as asynchronous telehealth; 8. The introduction or expansion of any appropriate telecommunications or electronically mediated health services as allowable pursuant to federal law; or 9. “Telehealth” or “telehealth service” or “telehealth consultation” as it is defined throughout KAR Title 907, which shall be equivalent to an in-person service or a service requiring physical presence.   **Source:** [**https://apps.legislature.ky.gov/law/kar/907/003/300E.pdf**](https://apps.legislature.ky.gov/law/kar/902/030/010E.pdf)  **Presumptive Eligibility under the Kentucky Medicaid Program**  During the COVID-19 State of Emergency, individuals should complete the [COVID-19 Medicaid PE Application](https://governor.ky.gov/attachments/20200323_Directive_Elective-Procedures.pdf?TK=103&ITEM=0), to request Presumptive Eligibility under the Kentucky Medicaid program. Presumptive Eligibility is temporary and ends on 6/30/2020 unless you submit an application for regular Medicaid. For a listing of participating medical providers for Presumptive Eligibility, please access the [Kentucky Medicaid Provider Directory](https://prdweb.chfs.ky.gov/ProviderDirectory/PDSearch.aspx). If you have questions or need more information about a participating Medicaid provider, you can call 1-800-635-2570.  **Source:** [**https://chfs.ky.gov/agencies/dms/ProviderLetters/pl107covid19pe.pdf**](https://chfs.ky.gov/agencies/dms/Documents/1135Flexibilities.pdf) | |
| **Department for Medicaid Services** | **COVID-19 Frequently Asked Questions**  **Source:** [**https://chfs.ky.gov/agencies/dms/Documents/ProviderFAQs.pdf**](https://chfs.ky.gov/agencies/dms/ProviderLetters/behavioralhealthcovid19.pdf) | |
| **Department for Public Health** | **Statement of Emergency – 902 KAR 30:010E – *Effective 3/20/2020***  Early intervention services and requirements may be enhanced to allow for the tele-intervention services when a national or state public health emergency has been declared.  **Source:** [**https://apps.legislature.ky.gov/law/kar/902/030/010E.pdf**](https://governor.ky.gov/attachments/20200313_State-of-Emergency_907-KAR-1-604E.pdf) | |
| **Department for Public Health** | **Statement of Emergency – 902 KAR 4:140E – *Effective 5/19/2020***  This emergency administrative regulation is being promulgated to establish actions that the Department for Public Health may take in response to a declared national or state emergency. These actions include enhancing HANDS services to include tele-service delivery methods.  **Source:** [**https://apps.legislature.ky.gov/law/kar/902/004/140E.pdf**](https://chfs.ky.gov/agencies/dms/ProviderLetters/1915ctelehealthcovid19providerletter.pdf) | |
| **Office of Inspector General** | **Identification of Specific Diagnoses that are Considered Emergent and Urgent for Purposes of Continued Physical Therapy, Occupational Therapy, and Speech Therapy Services During This State of Emergency and the Procedures that Health Care Professionals Should Follow to Prevent the Spread of COVID-19 – *Effective 3/24/2020***  **Source:** [**https://chfs.ky.gov/CV19/RehabServicesguidance.pdf**](https://chfs.ky.gov/CV19/RehabServicesguidance.pdf) | |
| **PUBLIC PROTECTION CABINET** | | |
| **Department of Insurance** | | **Telehealth Remote Communications – *Effective 3/18/2020***  DOI will not impose penalties for noncompliance with KRS 304.17A-005 (47)(c) in connection with the good faith provisions of telehealth using such non-public facing audio or video communications products. Insurers cannot require that the patient have a prior relationship with the provider in order to have services delivered through telehealth, if the provider determines that telehealth would be medically appropriate.  **Source:** [**http://insurance.ky.gov/ppc/Documents/TelehealthRemoteCommunicationsGuidance.pdf**](https://chfs.ky.gov/agencies/dms/ProviderLetters/pl107covid19pe.pdf) |
| **KENTUCKY LABOR CABINET** | | |
| **Department of Workers’ Claims** | | **Telehealth Services During State of Emergency – *Effective 3/23/2020***  The Department finds that in the current state of emergency, telehealth and telephysical therapy services should be promoted and utilized when appropriate in order to prevent the spread of disease and provide for continuity of care to injured workers pursuant to KRS 342.020. Accordingly, it is the position of the Department that:   1. Medical treatment and services, including physical therapy, may be offered and performed via telehealth, as defined in KRS 304.17A-005 (47), or telephysical therapy, as defined in 201 KAR 22:001(25), when clinically appropriate in the judgment of a health care provider for treatment of workplace injuries and occupational disease; 2. An injured worker shall have the right to decline to participate in telehealth and telephysical therapy; 3. In performing telehealth and telephysical therapy services, medical providers shall comply with all applicable state and federal statutes and regulations pertaining to such services; 4. A medical payment obligor shall reimburse telehealth or telephysical therapy providers for services provided to an injured worker. Reimbursement shall be equal to the reimbursement for the same services had it been provided in person unless the provider and the medical payment obligor contractually agree to a lower reimbursement rate for telehealth or telephysical therapy services. Pursuant to the Kentucky Schedule of Fees for Physicians, billing for telehealth and telephysical therapy shall be submitted on a HCFA 1500 form and shall include the modifier “95” with the appropriate CPT code.   **Source:** [**https://labor.ky.gov/Documents/Telehealth%20COVID-19.pdf**](https://medicaidpeform.chfs.ky.gov/GenLogEX/Detail.aspx) |