

TeleBehavioral Health 2026 Training Series



Behavioral Health Institute (BHI)
Harborview Medical Center
Web: bhinstitute.uw.edu
Email: bhinstitute@uw.edu

Northwest Regional Telehealth
Resource Center (NRTRC)
Web: nrtrc.org
Email: info@nrtrc.org

Behavioral Health Institute (BHI)

Training, Workforce and Policy Innovation Center

The BHI, a program of Harborview Medical Center and UW Medicine, advances innovation, research, and clinical practice to strengthen behavioral health systems and improve access to mental health and substance use care across Washington State.

BHI Pillars of Focus

- > Clinical Services
- > Research and Program Evaluation
- > Training, Policy and Workforce Development
 - Digital and Telehealth Services & Training

Northwest Regional Telehealth Resource Center (NRTRC)

Telehealth Technical Assistance Center

- > The NRTRC delivers telehealth technical assistance through consults, trainings, and resources to support telehealth program development and integration.
- > NRTRC works to expand access to quality primary, specialty, and behavioral health care in rural and underserved communities, regardless of the zipcode you reside in.



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Speaker and Planner Disclosures

Speakers

- > None of the series speakers have any relevant conflicts of interest to disclose.

Planners

The following series planners and team have no relevant conflicts of interest to disclose:

- > Brad Felker, MD
- > Cara Towle, MSN, RN
- > Topher Jerome
- > Nicki Perisho, RN
- > Jaleen Johnson

Disclaimer

Please be aware that policy changes may take place after the original date of this presentation.

Any information provided in today's talk is not to be regarded as legal advice. Today's talk is purely for informational purposes.

Please consult with legal counsel, billing & coding experts, and compliance professionals, as well as current legislative and regulatory sources, for accurate and up-to-date information.

Acknowledgements

We are grateful for the support from:



WASHINGTON STATE LEGISLATURE



TeleBehavioral Health 2026



Telehealth Policy Update

Mei Wa Kwong, JD

Executive Director

Center for Connected Health Policy

January 16, 2026



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MEDICAL CENTER

DISCLAIMER

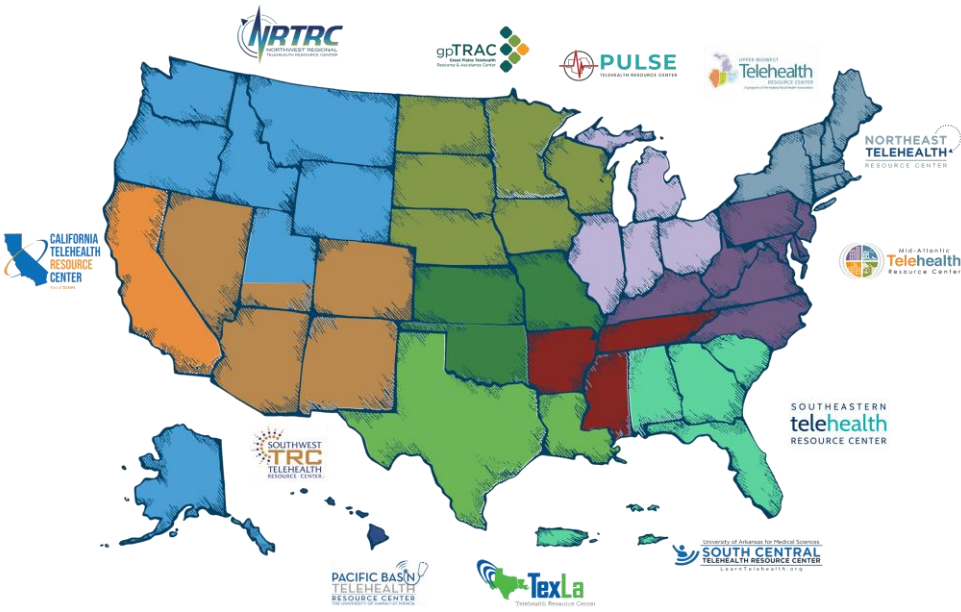
- > **Any information provided in today's talk is not to be regarded as legal advice. Today's talk is purely for informational purposes.**
- > **Always consult with legal counsel.**
- > **CCHP has no relevant financial interest, arrangement, or affiliation with any organizations related to commercial products or services discussed in this program.**

ABOUT CCHP



- **Established in 2009 as a program under the Public Health Institute**
- **Became federally designated national telehealth policy resource center in 2012 through a grant from HRSA**
- **Work with a variety of funders and partners on the state and federal levels**
- **Administrator National Consortium of Telehealth Resource Centers**
- **Convener for California Telehealth Policy Coalition**

NATIONAL CONSORTIUM OF TRCS



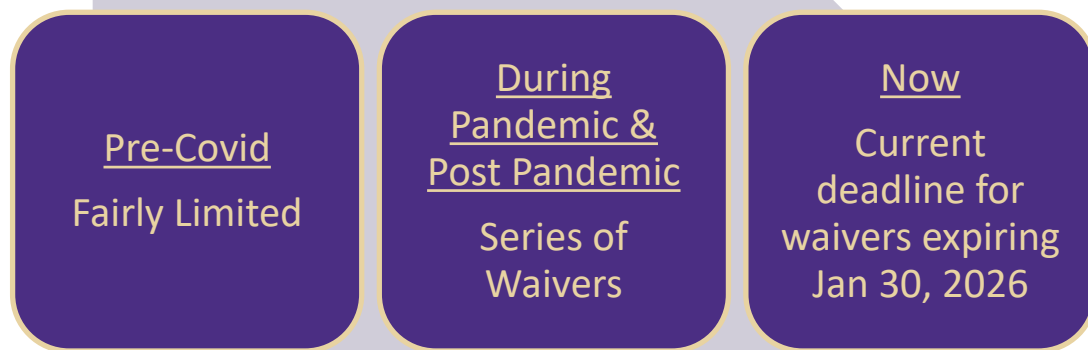
TODAY'S AGENDA

- **Current status of federal telehealth policy**
 - Medicare
 - DEA
- **Other Important Federal Developments**
 - AI Executive Order
 - ACCESS Pilot
 - Rural Health Transformation
- **What's Happening in the States**
 - Convener for California Telehealth Policy Coalition

Federal Developments



Current Medicare Telehealth Policy Evolution



What happens if the waivers expire?

POLICY IF WAIVERS EXPIRE	EXCEPTIONS
Patient needs to be in a location that meets certain geographic and site requirements.	Home eligible originating site for ESRD, SUD and mental health if there is a prior in-person visit. Acute stroke does not have to meet geographic requirement
Limited list of eligible providers (OT, PTs, SLP would no longer qualify)	FQHCs & RHCs can provide medical services via telecommunications technologies to the end of 2026. FQHCs & RHCs can provide mental health services via telecommunications technology (policy made permanent in 2025), but prior in-person visit requirement will be applied. (CMS MLN 901705 (Dec 2025))
Prior-in person visit for mental health services if certain requirements/exceptions not met	Must take place 6 months before telehealth services begin and in-person visit must occur every 12 months after (some exceptions). Prior established relationship via telehealth-only grandfathered, but would need to meet 12 month requirement.
Audio-only as a modality.	Limited to just mental health services with caveats

Impacts on behavioral health if waivers expire

- **Revert back to permanent Medicare telehealth policy**
- **Geographic and site restrictions will not impact behavioral health if:**
 - ❖ **Condition is co-occurring with treatment of SUD OR**
 - ❖ **If there is a prior in-person service that was or would be covered by Medicare with the telehealth practitioner & patient. In-person visit would be required every 12 months afterwards.**

EXCEPTIONS: During the previous shut down, if the patient had already been receiving services via telehealth and there had been no prior in-person visit, they were grandfathered in. It would only apply to patients who were new after the waivers expired. Uncertain when the 12 month clock starts ticking AND there are exceptions to the 12 month in-person visit requirement.

Can another provider do the in-person visit for mental health for the telehealth provider?

- > ***These in-person visits may be performed by a physician or practitioner of the same specialty within the same group practice as the physician or practitioner who furnishes the telehealth service, if the physician or practitioner who furnishes the telehealth service is not available.***
- > ***<https://www.cms.gov/files/document/telehealth-faq-updated-11-26-2025.pdf>***

Controlled Substance Prescribing Via Telehealth

Limited Exceptions in Ryan Haight Act (2008), which requires in-person visit prior to online prescribing

One exception is when PHE declared, COVID activated exception

Early 2023, DEA Issues Proposed Post-PHE Regs; Receives massive feedback and decides to delay final rule

Temporary extension issued to 11/2023

Late 2023, DEA extended the exception through to the end of 2024

Mid-2024 DEA Attempts Another Proposed Post-PHE Rule – Receives Pushback

Nov 2024, DEA extends the waiver one additional year to the end of 2025

Dec 31, 2025 4th Extension for one year (new end date Dec. 31, 2026)

AI Executive Order

- **Ensuring a National Policy Framework for Artificial Intelligence**
 - **Issued December 11, 2025**
 - **AI Litigation Task Force – AG will establish an AI Litigation Task Force (within 30 days of EO)**
 - **Evaluation of State AI Laws – Identify laws that require AI models to alter their truthful outputs or may compel AI developers or deployers to disclose or report information that would violate 1st Amendment or other provisions of the Constitution**
- **<https://www.whitehouse.gov/presidential-actions/2025/12/eliminating-state-law-obstruction-of-national-artificial-intelligence-policy/>**

CMS ACCESS Model

- **ACCESS (Advancing Chronic Care with Effective Scalable Solutions) Model**
- **Applications must be submitted by April 1, 2026**
- **First performance period begins July 1, 2026**
- **Run for 10 years**
- **A voluntary model in Original Medicare that will use new technology-supported care options to improve health and prevent/manage chronic disease.**
- **<https://www.cms.gov/priorities/innovation/innovation-models/access>**

Rural Health Transformation Program

- **\$50 billion over 5 years**
- **All 50 states participating**
- **On federal level, office established in CMS, Office of Rural Health Transformation**
- **States have taken different approaches in who will be overseeing the efforts in their jurisdiction**

Grant Opportunities

- **CURRENTLY: 4 forecasted grants:**
 - **Telehealth Centers of Excellence**
 - **Telehealth Nutrition Services Network Grant Program**
 - **Chronic Care Telehealth Centers of Excellence**
 - **Technology-enabled Collaborative Learning Program**
- **https://simpler.grants.gov/search?utm_source=Grants.gov&query=telehealth**

State Telehealth Policies



New Legislative Year

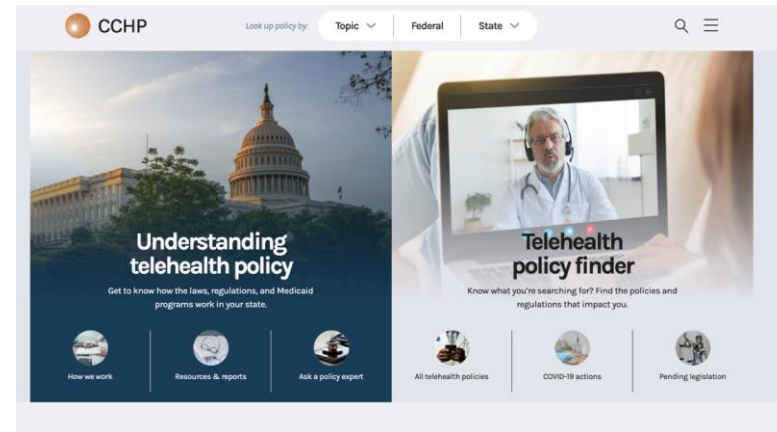
- **Status of federal telehealth Medicare waivers does not have an immediate direct impact on states' telehealth policy**
- **Majority of States have finalized their post-pandemic telehealth policies**
- **States now looking at what new policies to implement**
 - **Licensure**
 - **AI – Legislation on how providers can use AI**
 - **Look for policy changes due to RHTP**

AI & Provider Legislation

- **2025 Session in IL**
- **Wellness and Oversight for Psychological Resources Act**
- **Prohibits anyone from using AI to provide mental health and therapeutic decision-making, while allowing the use of AI for administrative and supplementary support services for licensed behavioral health professionals.**
- **<https://idfpr.illinois.gov/content/dam/soi/en/web/idfpr/news/2025/2025-08-04-idfpr-press-release-hb1806.pdf> (Governor's Press Release)**

CCHP Contact Information & Thank You!

- **CCHP Website – cchpca.org**
- **Subscribe to CCHP's Newsletter – cchpca.org/contact/subscribe**
- **info@cchpca.org**



**Center for Connected
Health Policy**

**THE NATIONAL
TELEHEALTH POLICY
RESOURCE CENTER**

After Today's Session

Please complete the evaluation for:

- > Certificate of Completion (no cost)
 - Certificate may qualify for CE Credit
- > CME Credit (nominal cost)
- > NASW CEU (no cost)

Slides and Recordings

- > Posted within one week on the BHI Past Presentations page

 Access the materials: bhoinstitute.uw.edu/past

UW Faculty & Staff

For CME credit

Please text **17107** to
833-394-7078



HARBORVIEW
MEDICAL CENTER

Continuing Medical Education Accreditation

Accreditation with Commendation: The University of Washington School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Credit Designation: The University of Washington School of Medicine designates this Live Activity for a maximum of 12 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity. (Each 1-hour webinar is 1.0 credits).



NASW Accreditation

This workshop has been approved for 1 CEU by the Washington Chapter, National Association of Social Workers (NASW) for Licensed Social Workers, Licensed Marriage & Family Therapists and Licensed Mental Health Counselors.

Our Provider number is #1975-433.



2026 TeleBehavioral Health Series

Date	Subject	Date	Subject
Jan 16	TeleBH Policy Update	Jul 17	TBD
Feb 20	Digital Literacy	Aug 21	TBD
Mar 20	Eating Disorders	Sep 18	TBD
Apr 17	DBT over Telehealth	Oct 16	TBD
May 15	Neurodivergent Patients	Nov 20	TBD
June 12	Firearms, Culture & Suicide Care	Dec 18	TBD

 View full schedule and register at: bhinstitute.uw.edu/TeleBH

TeleBehavioral Health On-Demand Training Series

In partnership with the NRTRC, the TeleBehavioral Health 101, 201, 301, 401, and 501 series are available **on-demand and free of charge.**

- > Series 101, 401 & 501 are **accredited for Continuing Medical Education (CME)** and are clearly marked as such. Nominal fee applies.
- > A Continuing Education (CE) certificate will be provided for ALL sessions, at no cost.
- > Series 101: Module 1 meets Washington State Telehealth Training requirement.



Access the trainings: bhinstitute.uw.edu/tbh-on-demand



TeleBehavioral Health On-Demand Series CME Accreditation (1 of 2)

New & Updated TeleBH 101 online: CME only (max 7 credits)

Accreditation with Commendation: The University of Washington School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Credit Designation: The University of Washington School of Medicine designates this enduring material for a maximum of 7 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Learners have the opportunity to complete up to 7 modules, with each module accredited for 1 *AMA PRA Category 1 Credit™*.

TeleBehavioral Health On-Demand Series CME Accreditation (2 of 2)

TeleBH 401 and 501 online courses: CME only (max 22 credits)

Accreditation with Commendation: The University of Washington School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Credit Designation: The University of Washington School of Medicine designates this enduring material for a maximum of 22 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Learners have the opportunity to complete up to 22 modules, with each module accredited for 1 *AMA PRA Category 1 Credit™*.

CME Credit Fees

CME fees: TeleBH 2026 (live webinars)	CME fees: TeleBH 101, 401 and 501 (on-demand courses)
\$25 for 8.0 hours or less	\$25 for 8.0 hours or less
\$35 for 8.25 – 16.0 hours	\$35 for 8.25 – 16.0 hours
	\$45 for 16.25 – 64.0 hours

Looking for free On-Demand Health Equity & Ethics Training?

Cultural Humility in Behavioral Health Care

- > Free two-hour module
- > On-demand & self-paced
- > Meeting Health Equity training requirements in WA State

Empowering Recovery: Ethics & Collaborative Decision Making in Behavioral Health

- > Free two-hour module
- > On-demand & self-paced
- > Meeting Law & Ethics training requirements in WA State



Access the trainings: bhinstitute.uw.edu/learn-online

Advancing Health Equity through Cultural Humility – Partner Training

**Free On-Demand Continuing
Education Course for Health
Professionals**

Offered by our partners at the Area
Health Education Center for Western
Washington at Whatcom Community
College



 Access the training: ahecww.thinkific.com

TeleMental Health Guides for Infancy to Young Adult

Guides (8)

- > Infancy and Toddlers
- > Pre-schoolers
- > Elementary School Children
- > Middle School Youth
- > High School Teens
- > Young Adults
- > Neuropsychological Testing
- > Suicidality

 Access the Guides: uwcolab.org/tmh-guides

**Guide for
Elementary-School Children**

DEFINING ELEMENTARY-SCHOOL CHILDREN (GRADES 1-5)

Elementary School Children (ES) generally are 5th grade or younger and are in a public school environment and cognitive, social, and emotional. For example, a 1st grade boy may still be learning to control impulses and cooperation in the classroom while a 5th grade girl may be fully prepared and able to accept expectations. This is the first time for the child in considering the engagement and treatment of ES children through behavioral health (TMH) services. Typically, ES children readily engage with technology, especially seeing themselves on TV.

SAFETY AND PRIVACY

Establishing safety and privacy requires the child's location while receiving their services. If treated as a clinical site, safety and privacy will be ensured by clinical procedures with those sites. If treated for non-clinical sites, such as a school or home, careful planning is essential to ensure safety and privacy is needed.

At the beginning of each session, ascertain and document parent's location and exchange immediate contact information (phone, text message, or e-mail). Include any one address, to ease the clinician access to self-emergency services, as outlined in the Privacy and Safety Planning Tool PDF tool, supported by the intervention Guide, as well as to comply with documentation requirements in the medical record. If patient is in car, be sure they are parked and document the correct address location.

Consider providing a virtual tour of the clinician's office to the child and parent/ caregiver by teleconference that can be done in front of observing the session. Also, ensure them that there is no camera or software present observing the session unless and that the session is not being recorded.

Consider a virtual tour of the child's room or home to ensure location where treatment planning or listening to the session, or conducting the child.

Explain that recording of the session is prohibited.

Turn off social media and access to location devices to any child privacy.

Ensure privacy at home by scheduling while siblings and other adults are not home, connecting out of school range of wireless phone, headphones, and leaving low-volume audio or TV playing in the common areas to not indicate privacy.

Consider non-traditional settings of home if needed to ensure privacy, such as a business, bookstore, park, backyard or "backyard party" (campus).

Consider the impact of non-traditional settings on the child's presentation, e.g., less motor activity in car, less anxiety in the backyard, more depressed at school.

TIP: Visit children's use of electronic devices (e.g., when the device and screen are on) to talk without computers.

SAFETY AND PRIVACY CONT.

Consider sessions in a clinic or school, if other professionals are involved in the child's treatment plan or if the child is reluctant to talk at home.

Children may vary from the clinician's view on the session, e.g., children who are hyperactive, impulsive, or anxious. Take steps to ensure the child's safety and the client's privacy. This may include following the child that remains 100% positive, focus on monitoring and not that child and allowing the clinician, or parent/ caregiver monitoring their device's location to help ensure their child's safety to the clinician.

Anticipate engagement by parents will require a clinician that is trained and able to manage these children while the clinician completes the interview with the parent/ caregiver.

Secure the equipment if sessions are done in a clinic or location children may damage it.

If an emergency arises, such as possibility, refer to the emergency 911 number and the PDF tool. The PDF tool should have been completed prior to the initiation of clinical services and the clinician should inform the parent's community.

Also, be aware that calling 911 may not link to other communities. Refer to the PDF tool for more advice.

TIP: Determine early the feasibility of and parent/ caregiver's interest regarding the child's time and whether the child/ parent are potential risk to be engaged in the plan.

TELEMENTAL HEALTH GUIDE FOR ELEMENTARY-SCHOOL CHILDREN

Case Example

Abdul is a 10 y/o African-heritage boy who presented with his mother due to the school's concern with his inattention and distractibility in class, restlessness and difficulty playing quietly, getting up or running excessively, and talking back occasionally. The Mother noted similar difficulties in the home, especially regarding homework. Both parents worked and lived in an urban neighborhood with poor transportation options, so they agreed to home-based TMH. The family used their smartphone for the sessions, with videochat, but not optional chat reception. Sessions were held in the parent's bedroom, for privacy. An older sister watched the siblings in another room or took them for a walk.

Abdul was readily engaged over the smartphone and told of his favorite videogame, his love of Legos, and his best friend at school, as well as the injuries of his siblings. The clinician conducted the interview by alternating between the mother's history and the child's input.

Even with the spotty connectivity, the clinician appreciated Abdul's good verbal skills, indirect, charming personality, as well his impulsive suggestions and mild social and gaffs. To assess his gross motor skills, the clinician asked Abdul to do some movements, including some dance movements. He was awkward and had difficulty cooling down once worked up. To assess his fine motor skills, and to keep him occupied in order to obtain the mother's history, Abdul was asked to draw a picture of his favorite animal. He impulsively scribbled something and quickly returned to the smartphone to show his artwork, not an animal, but he enthusiastically told of his meaning, demonstrating his creativity and knowledge.

The clinician then asked Abdul to play with his Hot Wheels in front of his mother, allowing more time with the mother while monitoring Abdul. He did so, fairly quietly for a while, then became increasingly fidgety, and then disruptive. At various times, Abdul's mother quietly fidgeted the smartphone's camera to show observation of Abdul's play without his knowledge. He did show symbolic play, although somewhat aggressive with the Hot Wheels breaking off some wheels.

Then, the clinician sent an ADHD rating scale and an anxiety rating scale to the older daughter's tablet so that the mother could complete these behavior reports in another room while the clinician spent some individual time with Abdul. The mother also suggested using the school's website to check Abdul's grades, missing assignments, and the teacher's recent comments. Meanwhile, the clinician observed Abdul's play and engaged him verbally regarding his Hot Wheels. The clinician asked Abdul to trace his favorite Hot Wheel car and write the name of it along with his name on top of the paper. He showed some difficulties with tracing and personality but had correct spelling. He showed increased tic movements while engaged in this task.

The clinician made a diagnosis of ADHD with a concern about a fine motor disability and tic. They wrote a treatment plan on the "White Board" that included all of the clinician's requirements (completion of behavior rating scales from selected teachers), to be uploaded into the clinician's website portal, to make the child a "Focus of Care" under Public Law 94-142, to get further school evaluation and possibly special education services, and (3) developing a structured plan for homework including tracking its reality, and (4) the mother receiving the treatment plan on the website and sending information about ADHD treatment, including using behavior charts. As the family did not have a printer, the clinician also sent a hard copy of the treatment plan and message. They made a plan for the mother to meet alone with the clinician in a week to set up a behavior program and discuss the relevance of a medication trial, consistent with evidence-based treatment for ADHD.



Additional Free Resources for WA State Behavioral Health Providers

Provider Consultation Lines:

- > UW Pain & Opioid Provider Consultation Hotline (WA, MT & AK)
- > Psychiatry Consultation Line
- > Partnership Access Line (pediatric psychiatry)
- > Perinatal Psychiatry Consultation Line

 **Access the resources: bhinstitute.uw.edu/bh-provider-resources**