

LBESPA's Response to the COVID-19 Public Health Emergency

* The LBESPA Board office is closed, but board staff will be available
Monday – Friday 8:00 a.m. – 4:30 p.m. via email or phone call. *

Criminal Background Checks

Louisiana State Police Headquarters has closed from March 20 – April 12, 2020, due to the public health emergency. This means that the Board's applicants will experience a delay in the processing of criminal background checks. The Board motioned to grant conditional licenses to individuals who have all required documentation, with the exception of a completed criminal background check. Upon receipt of a clean criminal background check, the Board will consider lifting the conditions.

The Board will also send an email to Michelle Ridge regarding the Board's concerns relating to criminal background checks. (March 23, 2020)

Governor John Bel Edwards worked with the Louisiana State Police, who will process criminal background checks on an as NEEDED basis. Please contact the Board office directly to discuss options. The Board will continue to issue conditional licenses as needed for individuals who are only lacking criminal background checks. (April 2, 2020)

Essential/Non-Essential Personnel

In regard to Proclamation Number 33 JBE 2020 issued by Governor John Bel Edwards on March 22, 2020, the Board does not have the authority to determine whether practicing Audiologists and/or Speech-Language Pathologists are essential or non-essential. If you need further clarification on your role during this public health emergency, the Board recommends that you contact the Louisiana Department of Health and/or the Governor's Office for clarification on the proclamation. (March 23, 2020)

Facility Closures

The Board does not have authority to require facility closures. (March 20, 2020)

Renewals

No renewal modifications at this time. (March 18, 2020)

Supervision

Direct Supervision for Provisional and Restricted Speech-Language Pathologists

Board members discussed concerns relating to individuals whose school systems are not set up to provide telehealth services. The Board voted to allow phone conferencing as "direct supervision" is only acceptable for counseling patients/families via phone/IEP meetings. It is not appropriate for a Provisional or Restricted SLP providing therapy services to a child and the supervisor is not able to virtually join the session via a video conference. (March 18, 2020)

While the Board is allowing practice via telehealth services, not every school system or facility has access to a secure, encrypted option to provide the services. It seems that for some individuals, the only ability to provide and/or receive direct supervision in this public health emergency may be via telephone. Please ensure that you are vigilant and protect the consumer/patient in all aspects. Please use the attached document to provide further guidance

related to provision of services: <https://www.hhs.gov/sites/default/files/february-2020-hipaa-and-novel-coronavirus.pdf> - PDF. (March 23, 2020)

Provisional SLP Experiences

The Board reviewed the CFCC statement relating to supervision for Provisional Speech-Language Pathologists/Clinical Fellows. The Board voted to adopt the same policy relating to supervision to [allow Provisional Speech-Language Pathologists to accumulate their 36 weeks of post-graduate professional employment experience through telepractice from March 16 – April 30, 2020](#). The Board understands that telepractice is not an option in all settings, so CFCC has provided the additional guidance and tips below to help Provisional Speech-Language Pathologists continue their CF experience, even if they cannot directly practice with clients/patients/students at this time.

ASHA certification standards require a CF experience to be a minimum of 36 weeks and 1,260 hours, while LBESPA requires completion of 36 weeks. A minimum of 80% of a Clinical Fellow's work week must be spent in direct client/ patient contact, which includes the full scope of case management. The remaining 20% may be spent in "other" activities, such as attending info sessions, professional development, giving in-service training, etc. The CFCC has relaxed the "work week" requirement between March 16 – April 30, 2020, to allow Clinical Fellows to count hours and acquire weeks of experience (there is a 5-hour minimum for a week to count) in the ways below, provided your employer and CF mentor are in agreement. ***The Board has also adopted the same allowance to relax the rules to allow Provisional Speech-Language Pathologists to acquire experiences by:***

- completing report writing, notes, billing, IFSPs/IEPs, etc.;
- virtually consulting with teachers or Child Study Team members;
- planning and preparing testing schedules for the end-of-year testing;
- preparing additional take-home packets for their students to use to assist with making up missed sessions; and/or
- completing indirect observations with their CF mentor in the form of reviewing documentation/cases. (March 18, 2020)

Telehealth

The Board reminded all fully licensed SLPs and AUDs that telehealth services provided in Louisiana are covered under their Louisiana license. The Board's Rules and Regulations related to telehealth can be found in Rules 111, 135, and also in the definitions section (<https://www.lbespa.org/index.cfm/rules-and-regulations>). Rule 135 states that providers of telehealth services:

- Must be competent in both the type of services provided and the methodology and equipment used to provide the services;
- Must use methods for protecting client information that include authentication and encryption

The standard of care shall be the same as if the speech-language pathology services were delivered face-to-face. It is the responsibility of the provider to determine candidacy and to ensure that the client is comfortable with the technology being utilized.

The client shall be notified of telehealth services including but not limited to the right to refuse telehealth services, options for service delivery, and instructions on filing and resolving complaints, in all applicable jurisdictions.

Be sure to maintain confidentiality when you provide these services. The board does not have a listing of computer applications that are confidential. (March 12, 2020)

The Board voted to allow Provisional SLPs, SLP Assistants, and Provisional SLP Assistants to provide services telehealth. The same level of direct supervision will be required for the provision of those services. Direct supervision is defined as the supervisor observing the licensee engaging in a specified clinical activity with a patient/client in order to obtain knowledge and provide guidance regarding the supervisee's clinical work. The supervisor shall accomplish this task either by being physically present in the room or through the use of a secure live video, live stream or web cam. This policy will remain in effect during the declared state of emergency. (March 13, 2020)

The Board reiterated that the provision of telehealth services must be completed in accordance with the Rules, via a secure encrypted platform. The Board does not have a list of acceptable platforms. (March 18, 2020)

Board members discussed inquiries from licensees about the requirement for the provision of services via telehealth requirement to be secure and encrypted. The Board will share a link to the Office for Civil Rights Bulletin regarding HIPAA Privacy and Novel Coronavirus dated February 2020, to guide licensees in their service delivery:

<https://www.hhs.gov/sites/default/files/february-2020-hipaa-and-novel-coronavirus.pdf>

(March 20, 2020)

Telehealth Registration

Telehealth Registration applications still must be notarized during this time. The Board will accept Telehealth Registration applications through email during this public health emergency. (March 23, 2020)

Verifications of Licensure from Other State Boards

In the event that other boards may be closed, the Board voted to grant conditional licenses to individuals who have all required documentation, with the exception of a verification of licensure from other state license boards. The Board staff will gather online verifications for applicants and include with the application for review. Upon receipt of a clear verification of licensure directly from other state boards, the Board will consider granting the requested license without conditions. (March 23, 2020)

Last Updated 3/24/2020

From: [LBESPA](#)
To: [Jolie Jones](#)
Subject: Provision of Telehealth Services by Supervised Licensees (Test)
Date: Friday, March 13, 2020 6:04:45 PM



A MESSAGE FROM THE BOARD

MARCH 13, 2020

Provision of Telehealth Services by Supervised Licensees

During this time of crisis, the Board will allow Provisional SLPs, SLP Assistants, and Provisional SLP Assistants to provide services via telehealth. The same level of direct supervision will be required for the provision of those services. Direct supervision is defined as the supervisor observing the licensee engaging in a specified clinical activity with a patient/client in order to obtain knowledge and provide guidance regarding the supervisee's clinical work. The supervisor shall accomplish this task either by being physically present in the room or through the use of a secure live video, live stream or web cam.

A complete summary of the guidelines related to telehealth can be found in Rule 135. This policy will remain in effect during the declared state of emergency.

Thank you,

Jolie Jones

Executive Director

In compliance with Act 655 of the 2018 Regular Legislative Session, the Board gives notice to its licensees and applicants of their opportunity to file a complaint about board actions or procedures. You may submit such complaints to one or more of the following organizations:

La Board of Examiners for Speech-Language Pathology and Audiology, 37283 Swamp Road, Suite 3B, Prairieville, LA 70769; 225-313-6358; aud-slp@lbespa.org

Committee on House & Governmental Affairs; La House of Representatives, P.O. Box 44486, Baton Rouge, LA 70804; 225-342-2403; h&ga@legis.la.gov

Committee on Senate & Governmental Affairs; La Senate, P.O. Box 94183, Baton Rouge, LA 70804; 225-342-9845; s&q@legis.la.gov

Towne Park Centre | 37283 Swamp Road, Suite 3B | Prairieville, Louisiana 70769
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From: [Marcy Ricca](#)
To: [Jolie Jones](#)
Subject: FW: Provision of Telehealth Services in Louisiana (Test)
Date: Monday, March 23, 2020 11:19:58 AM

From: LBESPA <admin@covalentemail.com>
Sent: Thursday, March 12, 2020 11:10 AM
To: Marcy Ricca <mricca@lbespa.org>
Subject: Provision of Telehealth Services in Louisiana (Test)



A MESSAGE FROM THE BOARD

MARCH 12, 2020

Provision of Telehealth Services

As a fully licensed speech-language pathologist and/or audiologist, telehealth services provided in Louisiana are covered under your Louisiana license. Please note that only fully licensed individuals can provide telehealth services. Should you find yourself in a position where you are being asked to provide speech-language pathology and/or audiology services via telehealth, here are some guidelines:

The Board's Rules and Regulations related to telehealth can be found in Rules 111, 135, and also in the definitions section (<https://www.lbespa.org/index.cfm/rules-and-regulations>). Rule 135 states that providers of telehealth services:

- Must be competent in both the type of services provided and the methodology and equipment used to provide the services;
- Must use methods for protecting client information that include authentication and encryption

The standard of care shall be the same as if the speech-language pathology services were delivered face-to-face. It is the responsibility of the provider to determine candidacy and to ensure that the client is comfortable with the technology being utilized.

The client shall be notified of telehealth services including but not limited to the right to refuse telehealth services, options for service delivery, and instructions on filing and resolving complaints, in all applicable jurisdictions.

Be sure to maintain confidentiality when you provide these services. The board does not have a listing of computer applications that are confidential.

Sincerely,

Jolie Jones
Executive Director

In compliance with Act 655 of the 2018 Regular Legislative Session, the Board gives notice to its licensees and applicants of their opportunity to file a complaint about board actions or procedures. You may submit such complaints to one or more of the following organizations:

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From: [Marcy Ricca](#)
To: [Jolie Jones](#)
Subject: FW: COVID-19 Update (Test)
Date: Monday, March 23, 2020 11:23:13 AM

From: LBESPA <admin@covalentemail.com>
Sent: Monday, March 23, 2020 11:22 AM
To: Marcy Ricca <mricca@lbespa.org>
Subject: COVID-19 Update (Test)



A MESSAGE FROM THE BOARD

MARCH 23, 2020

COVID-19 Update for Licensees

The Board has relaxed the direct supervision requirement between March 16 – April 30, 2020, to allow licensees who require supervision to use phone counseling of patients as direct supervision, for counseling patients/families via phone/IEP meetings. It is not appropriate if a Provisional SLP is providing therapy services to a child and the supervisor is not able to virtually join the session via a video conference.

Please keep in mind that all local, state, and federal regulations, and employer policies, must be followed at all times. We know that everyone is doing their best continue client/patient/student care and that Provisional Speech-Language Pathologists need to continue to increase their skills/readiness for independent practice. The Board understands the uniqueness of the situation; however, we have the responsibility to ensure that Provisional Speech-Language Pathology experiences are completed in a reasonable and responsible way to ensure Provisional Speech-Language Pathologists are prepared for independent practice without sacrificing client/patient/student care.

While the Board is allowing practice via telehealth services, not every school system or facility has access to a secure, encrypted option to provide the services. It seems that for some individuals, the only ability to provide and/or receive direct supervision in this public health emergency may be via telephone. Please ensure that you are vigilant and protect the consumer/patient in all aspects. Please use the attached document to provide further guidance related to provision of services:

<https://www.hhs.gov/sites/default/files/february-2020-hipaa-and-novel-coronavirus.pdf> - PDF.

The Board office building is closed at this time, but the Board staff is available via email or phone to answer any questions you may have.

Sincerely,

Jolie Jones
Executive Director

In compliance with Act 655 of the 2018 Regular Legislative Session, the Board gives notice to its licensees and applicants of their opportunity to file a complaint about board actions or procedures. You may submit such complaints to one or more of the following organizations:

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From: [LBESPA](#)
To: [Jolie Jones](#)
Subject: Essential/Non-Essential Personnel (Test)
Date: Tuesday, March 24, 2020 9:59:33 AM



A MESSAGE FROM THE BOARD

MARCH 24, 2020

Essential/Non-Essential Personnel

Dear Licensee,

In regards to Proclamation Number 33 JBE 2020 issued by Governor John Bel Edwards on March 22, 2020, the Board does not have the authority to determine whether practicing Audiologists and/or Speech-Language Pathologists are essential or non-essential. If you need further clarification on your role during this public health emergency, the Board recommends that you contact the Louisiana Department of Health and/or the Governor's Office for clarification on the proclamation.

Thank you,

Jolie Jones

Executive Director

In compliance with Act 655 of the 2018 Regular Legislative Session, the Board gives notice to its licensees and applicants of their opportunity to file a complaint about board actions or procedures. You may submit such complaints to one or more of the following organizations:

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Committee on House & Governmental Affairs; La House of Representatives, P.O. Box 44486, Baton Rouge, LA 70804; 225-342-2403; h&ga@legis.la.gov

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February 2020

Office for Civil Rights, U.S. Department of Health and Human Services

BULLETIN: HIPAA Privacy and Novel Coronavirus

In light of the Novel Coronavirus (2019-nCoV) outbreak, the Office for Civil Rights (OCR) at the U.S. Department of Health and Human Services (HHS) is providing this bulletin to ensure that HIPAA covered entities and their business associates are aware of the ways that patient information may be shared under the HIPAA Privacy Rule in an outbreak of infectious disease or other emergency situation, and to serve as a reminder that the protections of the Privacy Rule are not set aside during an emergency.

The HIPAA Privacy Rule protects the privacy of patients' health information (protected health information) but is balanced to ensure that appropriate uses and disclosures of the information still may be made when necessary to treat a patient, to protect the nation's public health, and for other critical purposes.

The U.S. Centers for Disease Control and Prevention (CDC) has advised: if you were in China within the past 14 days and feel sick with fever, cough, or difficulty breathing, you should get medical care. Call the office of your health care provider before you go and tell them about your travel and your symptoms. They will give you instructions on how to get care without exposing other people to your illness. While sick, avoid contact with people, don't go out and delay any travel to reduce the possibility of spreading illness to others. More information from the CDC available at: <https://www.cdc.gov/coronavirus/2019-ncov/downloads/2019-ncov-factsheet.pdf>.

Sharing Patient Information

Treatment Under the Privacy Rule, covered entities may disclose, without a patient's authorization, protected health information about the patient as necessary to treat the patient or to treat a different patient. Treatment includes the coordination or management of health care and related services by one or more health care providers and others, consultation between providers, and the referral of patients for treatment. See 45 CFR §§ 164.502(a)(1)(ii), 164.506(c), and the definition of "treatment" at 164.501.

Public Health Activities The HIPAA Privacy Rule recognizes the legitimate need for public health authorities and others responsible for ensuring public health and safety to have access to protected health information that is necessary to carry out their public health mission. Therefore, the Privacy Rule permits covered entities to disclose needed protected health information without individual authorization:

- **To a public health authority**, such as the CDC or a state or local health department, that is authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury or disability. This would include, for example, the reporting of disease or injury; reporting vital events, such as births or deaths; and conducting public health surveillance, investigations, or interventions. A "public health authority" is an agency or authority of the United States government, a State, a territory, a political subdivision of a State or territory, or Indian tribe that is responsible for public health matters as part of its official mandate, as well as a person or entity acting under a grant of authority from, or under a contract with, a public health agency. See 45 CFR §§ 164.501 and 164.512(b)(1)(i). For example, a covered entity may disclose to the CDC protected health information on an ongoing basis as needed to report all prior and prospective cases of patients exposed to or suspected or confirmed to have Novel Coronavirus (2019-nCoV).

- ***At the direction of a public health authority, to a foreign government agency*** that is acting in collaboration with the public health authority. See 45 CFR 164.512(b)(1)(i).
- ***To persons at risk*** of contracting or spreading a disease or condition if other law, such as state law, authorizes the covered entity to notify such persons as necessary to prevent or control the spread of the disease or otherwise to carry out public health interventions or investigations. See 45 CFR 164.512(b)(1)(iv).

Disclosures to Family, Friends, and Others Involved in an Individual's Care and for Notification A covered entity may share protected health information with a patient's family members, relatives, friends, or other persons identified by the patient as involved in the patient's care. A covered entity also may share information about a patient as necessary to identify, locate, and notify family members, guardians, or anyone else responsible for the patient's care, of the patient's location, general condition, or death. This may include, where necessary to notify family members and others, the police, the press, or the public at large. See 45 CFR 164.510(b).

- The covered entity should get verbal permission from individuals or otherwise be able to reasonably infer that the patient does not object, when possible; if the individual is incapacitated or not available, covered entities may share information for these purposes if, in their professional judgment, doing so is in the patient's best interest.
- For patients who are unconscious or incapacitated: A health care provider may share relevant information about the patient with family, friends, or others involved in the patient's care or payment for care, if the health care provider determines, based on professional judgment, that doing so is in the best interests of the patient. For example, a provider may determine that it is in the best interests of an elderly patient to share relevant information with the patient's adult child, but generally could not share unrelated information about the patient's medical history without permission.
- In addition, a covered entity may share protected health information with disaster relief organizations that, like the American Red Cross, are authorized by law or by their charters to assist in disaster relief efforts, for the purpose of coordinating the notification of family members or other persons involved in the patient's care, of the patient's location, general condition, or death. It is unnecessary to obtain a patient's permission to share the information in this situation if doing so would interfere with the organization's ability to respond to the emergency.

Disclosures to Prevent a Serious and Imminent Threat Health care providers may share patient information with anyone as necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public – consistent with applicable law (such as state statutes, regulations, or case law) and the provider's standards of ethical conduct. See 45 CFR 164.512(j). Thus, providers may disclose a patient's health information to anyone who is in a position to prevent or lessen the serious and imminent threat, including family, friends, caregivers, and law enforcement without a patient's permission. HIPAA expressly defers to the professional judgment of health professionals in making determinations about the nature and severity of the threat to health and safety. See 45 CFR 164.512(j).

Disclosures to the Media or Others Not Involved in the Care of the Patient/Notification In general, except in the limited circumstances described elsewhere in this Bulletin, affirmative reporting to the media or the public at large about an identifiable patient, or the disclosure to the public or media of specific information about treatment of an identifiable patient, such as specific tests, test results or details of a patient's illness, may not be done without the patient's written authorization (or the written authorization of a personal representative who is a person legally authorized to make health care

decisions for the patient). See 45 CFR 164.508 for the requirements for a HIPAA authorization. Where a patient has not objected to or restricted the release of protected health information, a covered hospital or other health care facility may, upon a request to disclose information about a particular patient asked for by name, release limited facility directory information to acknowledge an individual is a patient at the facility, and may provide basic information about the patient's condition in general terms (e.g., critical or stable, deceased, or treated and released). Covered entities may also disclose information when the patient is incapacitated, if the disclosure is believed to be in the best interest of the patient and is consistent with any prior expressed preferences of the patient. See 45 CFR 164.510(a).

Minimum Necessary For most disclosures, a covered entity must make reasonable efforts to limit the information disclosed to that which is the "minimum necessary" to accomplish the purpose. (Minimum necessary requirements do not apply to disclosures to health care providers for treatment purposes.) Covered entities may rely on representations from a public health authority or other public official that the requested information is the minimum necessary for the purpose, when that reliance is reasonable under the circumstances. For example, a covered entity may rely on representations from the CDC that the protected health information requested by the CDC about all patients exposed to or suspected or confirmed to have Novel Coronavirus (2019-nCoV) is the minimum necessary for the public health purpose. In addition, internally, covered entities should continue to apply their role-based access policies to limit access to protected health information to only those workforce members who need it to carry out their duties. See 45 CFR §§ 164.502(b), 164.514(d).

Safeguarding Patient Information

In an emergency situation, covered entities must continue to implement reasonable safeguards to protect patient information against intentional or unintentional impermissible uses and disclosures. Further, covered entities (and their business associates) must apply the administrative, physical, and technical safeguards of the HIPAA Security Rule to electronic protected health information.

HIPAA Applies Only to Covered Entities and Business Associates

The HIPAA Privacy Rule applies to disclosures made by employees, volunteers, and other members of a covered entity's or business associate's workforce. Covered entities are health plans, health care clearinghouses, and those health care providers that conduct one or more covered health care transactions electronically, such as transmitting health care claims to a health plan. Business associates generally are persons or entities (other than members of the workforce of a covered entity) that perform functions or activities on behalf of, or provide certain services to, a covered entity that involve creating, receiving, maintaining, or transmitting protected health information. Business associates also include subcontractors that create, receive, maintain, or transmit protected health information on behalf of another business associate. The Privacy Rule does not apply to disclosures made by entities or other persons who are not covered entities or business associates (although such persons or entities are free to follow the standards on a voluntary basis if desired). There may be other state or federal rules that apply.

Business Associates A business associate of a covered entity (including a business associate that is a subcontractor) may make disclosures permitted by the Privacy Rule, such as to a public health authority, on behalf of a covered entity or another business associate to the extent authorized by its business associate agreement.

Other Resources

For more information on HIPAA and Public Health, please visit:

<https://www.hhs.gov/hipaa/for-professionals/special-topics/public-health/index.html>

For more information on HIPAA and Emergency Preparedness, Planning, and Response, please visit: <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/index.html>

General information on understanding the HIPAA Privacy Rule may be found at:

<https://www.hhs.gov/hipaa/for-professionals/privacy/index.html>

For information regarding how Federal civil rights laws apply in an emergency, please visit:

<https://www.hhs.gov/civil-rights/for-individuals/special-topics/emergency-preparedness/index.html>