



**State of Florida
Department of Children and Families**

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**Telehealth and Florida's Baker Act:
FAQs**

What is telehealth?

Telehealth is the delivery of an evaluation, assessment, consultation, treatment planning, or other allowable service via non-public facing live videoconference between a licensed clinician and an individual.

May telehealth be used to form the basis of a professional certificate initiating Baker Act involuntary examination?

Yes. The licensed clinician must have examined the individual within the preceding 48 hours (whether in person or by telehealth) and must conclude that the individual meets criteria for examination. For the purposes of a Baker Act initiation, the licensed clinician must be a physician, clinical psychologist, psychiatric nurse, advanced practice registered nurse registered under s. 464.0123 F.S., mental health counselor, marriage and family therapist, clinical social worker, or physician assistant.

The licensed clinician should have a protocol in place to address the provision of telehealth services with staff that includes obtaining/verifying the location of the individual at the beginning of each telehealth session.

May staff of a Baker Act receiving facility use telehealth to conduct an involuntary examination of an individual who is located in an emergency department (ED) and has been medically cleared?

Yes, partially. Whether or not the ED is part of a receiving facility, telehealth may be used by staff of the receiving facility to:

- Conduct the "initial mandatory involuntary examination" required by s. 394.463(2)(f), F.S.
- Form the basis for authorizing an individual's release from involuntary examination.
- Form the basis of a *second* opinion supporting involuntary *inpatient* placement.

When may staff of a Baker Act receiving facility use telehealth to conduct the first or second opinion for involuntary services?

Telehealth may be used to:

- Form the basis of a *first and second* opinion supporting involuntary inpatient placement.
- Form the basis of a *second* opinion supporting involuntary outpatient services.

Telehealth may *not* be used to:

- Form the basis of a *first* opinion supporting involuntary outpatient placement.

May staff of a Baker Act receiving facility use telehealth to authorize an individual's release from involuntary examination?

Yes, the individual's release must be authorized by a psychiatrist or a clinical psychologist.

May staff of an ED that is part of a Baker Act receiving facility owned and operated by a hospital or health system use telehealth to authorize an individual's release from involuntary examination?

Yes. The release may be authorized by:

- › Any physician with experience in the diagnosis and treatment of mental illness or
- › A psychiatric nurse performing within the framework of a protocol with a psychiatrist (release may not be approved by a psychiatric nurse when the examination was initiated by a psychiatrist unless the release is approved by the initiating psychiatrist).

Baker Act receiving facilities do not need to participate in the individual's release from an ED.

What is considered as telehealth during the COVID-19 Nationwide Public Health Emergency?

Telehealth is the delivery of an evaluation, assessment, consultation, treatment planning, or other allowable service via landline and wireless communications, and non-public facing live videoconference between a licensed clinician and an individual.

Where can I find out about more about telehealth compliance and regulatory requirements for providers during the COVID-19 national emergency?

Providers are encouraged to review the following guidance from the U.S. Department of Health & Human Services:

- › [Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency](#)

Providers should check with Florida state licensing agencies (e.g., [The Florida Department of Health](#) and the [Agency for Health Care Administration](#)) regarding additional telehealth allowances due the COVID-19 national emergency. For the purposes of reimbursement, certain payors, including Medicare, Medicaid and commercial insurance, may impose restrictions on the types of technologies that can be used.