

**REVIEW OF
LAWS THAT
WENT INTO
EFFECT IN 2023**

**BIG TOPICS OF
2023**

**BROAD
CHANGES TO
MENTAL
HEALTH**

**MINOR CHANGES
TO MANDATED
REPORTING**

**MAJOR
CHANGES TO
EMPLOYMENT
LAWS**

**INTERESTING
NEW LAW
TEASER**



**NEW YEAR, NEW LAW & ETHICS:
WHAT YOU NEED TO KNOW TO BE
SUCCESSFUL IN 2024**

**EVERYTHING
ELSE**

**DISCLAIMERS
PRESENTER
TO DO LIST**

PRESENTED BY LUKE MATTHEW MARTIN, MBA, JD



CAMFT STAFF ATTORNEY

MEDICARE



DISCLAIMER

***THE INFORMATION PROVIDED
IN THIS WORKSHOP IS FOR
EDUCATIONAL PURPOSES ONLY.
IT IS NOT INTENDED TO SERVE
AS LEGAL ADVICE OR TO ACT
AS A SUBSTITUTE FOR
INDEPENDENT LEGAL ADVICE.***

DISCLAIMER

**THESE ARE NEW LAWS. THEIR
INTERPRETATION MAY CHANGE WITH NEW
INFORMATION. THE FOLLOWING IS BASED
ON TODAY'S INTERPRETATION.**

NEW

ABOUT LUKE MATTHEW MARTIN, MBA, JD CAMFT STAFF ATTORNEY

Luke Matthew Martin, Esq., a member of the State Bar of California since 2011, joined CAMFT as a Staff Attorney in 2019. He holds a Master of Business Administration with honors and a Juris Doctorate Degree specializing in Child, Family, and Elder Law with honors. Prior to coming to CAMFT, Luke ran a private practice focusing on civil litigation and represented several businesses with annual revenues in the millions. He has been recognized by the State Bar of California with the Wiley E. Manuel Certificate for Pro Bono Legal Services for his legal assistance in helping victims of domestic violence. In addition to his work at CAMFT, Luke is an adjunct professor for several universities, serves as the adjunct representative on a university's faculty senate, co-chairs a dissertation committee, serves as a commissioner on his city's Police Oversight Commission, and is a member-at-large for two non-profit boards. In his free time, he likes to sleep. He is currently averaging a smidge under 6 hours of sleep a day.



TO DO LIST FOR TODAY

**Task 1:
Recap of The Laws
That Went Into
Effect in 2023**

**Task 2:
Big Topics in 2023:
Where Are We
Now?**

**Task 3:
Broad Changes to
Mental Health in
2024**

**Task 4:
Minor Changes to
Mandated Reporting
Requirements**

**Task 5:
Employment Law
Changes for 2024**

**Task 6:
That Little Thing
Called Medicare**

QUESTIONS?

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WHAT WAS NEW IN 2023?

**Topic 1:
Laws Impacting
Continuing
Education**

**Topic 2:
Laws Impacting
Practice**

**Topic 3:
Laws Impacting
Businesses**



LAWS IMPACTING CONTINUING EDUCATION

AB 1759 PART 1

Applies to Associates

Key Points of New Law:

- Effective January 1, 2023
- Requires all Registrants to take 3 hours of Law & Ethics continuing education each renewal cycle of their registration number.
- This requirement applies regardless of whether you have passed the Law & Ethics Exam.
- Course must be taken from a BBS-approved continuing education provider (e.g. CAMFT)
- Registrants only submit their continuing education certificate to BBS if they are audited



WHERE DOES IT SAY THIS SPECIFICALLY?

SEC. 3. Section 4980.399 of the Business and Professions Code is amended to read:

4980.399. (a) Except as provided in subdivision (a) of Section 4980.398, each applicant and registrant shall obtain a passing score on a board-administered California law and ethics examination in order to qualify for licensure.

(b) A registrant shall participate in a board-administered California law and ethics examination ~~prior to his or her~~ *before their* registration renewal.

(c) If an applicant fails the California law and ethics examination, ~~he or she~~ *they* may retake the examination, upon payment of the required fees, without further ~~application except as provided in subdivision (d).~~ *application.*

(d) The board shall not issue a subsequent registration number unless the applicant has passed the California law and ethics examination.

~~(d) (e) If a registrant fails to obtain a passing score on the~~ *A registrant shall complete a minimum of three hours of continuing education on the subject of* California law and ethics ~~examination within his or her renewal period on or after the operative date of this section, he or she shall complete, at a minimum, a 12-hour course in California law and ethics in order to be eligible to participate in~~ *during each renewal period to be eligible to renew their registration, regardless of whether they have passed* the California law and ethics examination. ~~Registrants shall only take the 12-hour California law and ethics course once during a renewal period. The 12-hour law and ethics course required by this section shall be taken through a continuing education provider as specified by the board by regulation, a county, state or governmental entity, or a college or university. The coursework shall be obtained from a board-accepted provider of continuing education, as specified in Section 4980.54.~~

~~(e) The board shall not issue a subsequent registration number unless the applicant has passed the California law and ethics examination.~~

WHO ARE APPROVED PROVIDERS?

As of 7/1/17, the Board no longer keeps a list of valid CE Providers. Associates and Licensees are responsible for finding and verifying that a CE Provider is accepted by the BBS. The Board does not have the ability to verify if a provider's approval is in good standing or not. Please refer to the sections below for places to find CE courses.

CE Approval Agencies

The following organizations are recognized by the Board as approval agencies for CE Providers:

- ▶ [American Psychological Association](#) (APA)
- ▶ [Association of Social Work Boards](#) (ASWB)
- ▶ [California Association of Marriage and Family Therapists](#) (CAMFT)
- ▶ [California Psychological Association](#) (CPA)
- ▶ [National Association of School Psychologists](#) (NASP)
- ▶ [National Association of Social Workers](#) (NASW)
- ▶ [National Board of Certified Counselors](#) (NBCC)

CAMFT approves certain agencies through our CEPA department

Board-Recognized Providers

The following organizations are recognized by the Board as CE Providers:

- ▶ American Association for Marriage and Family Therapy (AAMFT)
- ▶ American Association for Marriage and Family Therapy-California Division (AAMFT-CA)
- ▶ California Association for Licensed Professional Clinical Counselors (CALPCC)
- ▶ California Association of Marriage and Family Therapists (CAMFT)
- ▶ National Association of Social Workers-California Chapter (NASW-CA)
- ▶ California Society for Clinical Social Work (CSCSW)
- ▶ California Association of School Psychologists (CASP)
- ▶ California Psychological Association (CPA)
- ▶ California Counseling Association (CCA)

CAMFT offers our own courses that you can take from our On-Demand Learning Library

SPECIFIC CAMFT COURSE

Navigation: CAMFT | Events | Courses | Product Bundles | CAMFT Home | My Activity

Browse: View all | Business (5) | CE Hours (126) | Clinical (61) | Dual Relationship (1) | Free (4) | **Law & Ethics (55)**

Sort by: Newest

A Microdose of Ethics: Legal & Ethical Considerations for Psychedelic & Ketamine Assisted Psychotherapy
A Microdose of Ethics: Legal & Ethical Considerations for Psychedelic and Ketamine Assisted Psychotherapy
It would not be hyperbole to state that we are on the precipice of a potential paradigm shift in the treatment of some mental health conditions.

NOT YET RATED

Navigation: CAMFT | Events | Courses | Product Bundles | CAMFT Home | My Activity | Sign In

A Microdose of Ethics: Legal & Ethical Considerations for Psychedelic and Ketamine Assisted Psychotherapy

NO RATINGS

CAMFT's On-Demand Learning Library

Disclaimer
The user acknowledges that the workshops, handouts, and related course materials contained therein are intended for educational purposes only, and should not be considered to be legal advice or a substitute for legal or clinical consultation. These presentations address issues that are multi-faceted, and the user should not assume that the courses discuss every law, regulation, or ethical code that may be relevant to the subject matter. Legal and ethical standards are subject to change and it is always prudent to check to see whether a particular law, regulation, or ethical standard may have changed.

Course Description:
It would not be hyperbole to state that we are on the precipice of a potential paradigm shift in the treatment of some mental health conditions. While classic psychedelics such as MDMA and psilocybin remain listed as Schedule 1 substances by the U.S. Drug Enforcement Agency, that may change in the coming year, which could usher in an era of psychedelic-assisted psychotherapy. While we wait for updates from ongoing clinical trials, ketamine-assisted psychotherapy is currently being provided in a variety of settings. This workshop will guide attendees through the legal and ethical considerations when providing ketamine-assisted psychotherapy and what principles may apply to psychedelic-assisted psychotherapy in the future.

Price:
Member: \$55
Nonmember: \$65

Credit Hours:
3 Hours

Learning Objectives:
The presentation will provide an overview of:

- Analyze different ways in which risk may fluctuate across setting types when providing ketamine-assisted psychotherapy.
- Identify key sections of the CAMFT Code of Ethics applicable to psychedelic- and ketamine-assisted psychotherapy.
- Describe the current legal differences between providing psychedelic-assisted psychotherapy versus ketamine-assisted psychotherapy.

Refunds/Cancellations: CAMFT does not offer refunds for On-Demand Library purchases.

Presentation: A Microdose of Ethics: Legal & Ethical Considerations for Psychedelic and Ketamine Assisted Psychotherapy
Presentation: Kristin W. Roscoe, Esq., CAMFT Staff Attorney | 71 min 56 sec

Test: A Microdose of Ethics: Legal & Ethical Considerations for Psychedelic and Ketamine Assisted Psychotherapy \$55.00 **Purchase**

Link: <https://ondemand.camft.org/courses/58375>

RESOURCE FROM BBS

Link:

https://www.bbs.ca.gov/pdf/ab_1759_faq_registrant.pdf

IMPORTANT INFORMATION FOR ALL REGISTRANTS

- **NEW ANNUAL CONTINUING EDUCATION REQUIREMENTS FOR REGISTRATION RENEWAL**
- **CHANGES TO THE CALIFORNIA LAW AND ETHICS RE-EXAM PROCESS EFFECTIVE JANUARY 1, 2023**

Effective January 1, 2023, AB 1759 (Chapter 520, Statutes of 2022), makes two important changes that all registrants need to be aware of:

1. **New annual continuing education requirements for registration renewal**
2. **Changes to the California law and ethics re-exam process**

The changes are detailed below.

1. **NEW ANNUAL CONTINUING EDUCATION REQUIREMENTS FOR REGISTRATION RENEWAL**

All registrants who renew their registration or whose registration expires on or after **January 1, 2023** must take a minimum of 3 hours of continuing education (CE) coursework in California law and ethics during each renewal period to be eligible to renew their registration.

How do I certify completion of this coursework?

You will be required to sign under penalty of perjury as part of your registration renewal that you have completed the coursework. The coursework must be taken before you renew, and must have been taken within the past year of your renewal expiration date.

You will not be required to submit your records of course completion to the Board at the time of your registration renewal, but you will be required to submit them if the Board audits you. Therefore, we strongly encourage you to gather the documentation now, and save it in a safe place, so that you have it easily accessible when needed.

Where can I take coursework?

CE coursework must be taken from one of the acceptable providers listed below; otherwise the course will not count:

- An accredited school, college or university that meets the accreditation requirements specified in Business and Professions Code [§4980.54](#) (for LMFTs), [§4989.34](#) (for LEPs), [§4996.22](#) (for LCSWs), or [§4999.76](#) (for LPCCs);

AB 1759 PART 2

Applies to Everyone

Key Points of New Law:

- Effective July 1st, 2023
- Requires all applicants for licensure and licensees renewing their license as of July 1, 2023 to complete a one-time 3 hours of Law & Ethics training or coursework on the topic of providing mental health services via telehealth
- Similar to the suicide risk assessment one-time requirement, there is no age limit on the coursework
- The requirement can be fulfilled by either:
 - Coursework as part of your graduate degree program; or
 - Taking continuing education coursework from a BBS accepted provider

A large, bold, black number '3' is positioned on the right side of the slide, set against a bright yellow background. The number is stylized and occupies a significant portion of the right half of the image.

WHERE DOES IT SAY THIS SPECIFICALLY?

SEC. 2. Section 4980.395 is added to the Business and Professions Code, to read:

4980.395. (a) On or after July 1, 2023, an applicant for licensure as a marriage and family therapist shall show, as part of the application, that they have completed a minimum of three hours of training or coursework in the provision of mental health services via telehealth, which shall include law and ethics related to telehealth. This requirement shall be met in one of the following ways:

(1) Obtained as part of their qualifying graduate degree program. To satisfy this requirement, the applicant shall submit to the board a written certification from the registrar or training director of the educational institution or program from which the applicant graduated stating that the coursework required by this section is included within the institution's curriculum required for graduation at the time the applicant graduated, or within the coursework that was completed by the applicant.

(2) Obtained by completing a continuing education course that meets the requirements of Section 4980.54. To satisfy this requirement, the applicant shall submit to the board a certification of completion.

(b) As a one-time requirement, a licensee before the time of their first renewal after July 1, 2023, or an applicant for reactivation or reinstatement to an active license status on or after July 1, 2023, shall have completed a minimum of three hours of training or coursework in the provision of mental health services via telehealth, which shall include law and ethics related to telehealth, using one of the methods specified in subdivision (a).

(c) Proof of compliance with subdivision (b) shall be certified under penalty of perjury that they are in compliance with this section and shall be retained for submission to the board upon request.

SPECIFIC CAMFT COURSE

The screenshot shows the CAMFT website's search results for the term 'telehealth'. A red arrow points to the search bar where 'telehealth' is entered. The search results are displayed in a grid of course cards. The card for 'Key Legal and Ethical Issues in Telehealth' is highlighted with a red box. Other visible cards include 'Deciding Whether to Become a Medicare Provider', 'What EVERY Therapist Should Know About Insurance and Billing', 'Key Legal and Ethical Issues for Mental Health Professionals', 'Telehealth, Emailing, and Texting: Legal, Ethical, and Practical Considerations', and 'Telehealth Legal & Ethical Aspects'. The website header includes navigation links for CAMFT, Events, Courses, Product Bundles, CAMFT Home, and My Activity, along with a search bar and user profile options.

The screenshot shows the detailed page for the course 'Key Legal and Ethical Issues in Telehealth'. The course title is highlighted with a red box. The page features a star rating of 4.8 based on 11 ratings. A blue banner at the top reads 'CAMFT's On-Demand Learning Library' with the CAMFT logo. The course description states: 'This presentation is intended to provide an overview of providing patient care via telehealth. During this 3 hour presentation, CAMFT Staff Attorneys Michael Griffin and Kristin Roscoe will help you master the ins and outs of telehealth by reviewing California's telehealth regulations, HIPAA regulations pertaining to the use of videoconferencing platforms, and providing care to patients located out-of-state.' The price is listed as \$55 for members and \$65 for non-members. The credit hours are 3, which is also highlighted with a red box. A disclaimer states: 'The user acknowledges that the workshops, handouts, and related course materials contained therein are intended for educational purposes only, and should not be considered to be legal advice or a substitute for legal or clinical consultation. These presentations address issues that are multi-faceted, and the user should not assume that the courses discuss every law, regulation, or ethical code that may be relevant to the subject matter. Legal and ethical standards are subject to change and it is always prudent to check to see whether a particular law, regulation, or ethical standard may have changed.' Learning objectives include identifying actions therapists must take, analyzing steps for out-of-state patients, and understanding HIPAA regulations. The course satisfies the Law and Ethics requirement for license renewal.

Link: <https://ondemand.camft.org/courses/38424>

RESOURCE FROM BBS

Link:

https://www.bbs.ca.gov/pdf/ab_1759_faq_telehealth.pdf

New Requirement for Existing Licensees and Applicants for Licensure: Training or Coursework in the Provision of Mental Health Services via Telehealth (3 Hours)

The Governor recently signed AB 1759 (Chapter 520, Statutes of 2022). Under this new law, effective **July 1, 2023**, the Board will begin requiring both applicants for licensure and licensees to have completed a minimum of three hours of training or coursework in the provision of mental health services via telehealth, which must include law and ethics related to telehealth. There are two ways to meet this requirement:

- 1. Coursework may have been obtained as part of the graduate degree program that qualified you for licensure.** To use this option, you will need to obtain a written certification from the registrar or training director of your school or school program stating that the coursework was a required part of the curriculum for your graduation, or that you had completed the coursework.
- 2. The requirement can be met by taking a continuing education course from a provider that is acceptable to the Board.** You will need to obtain a certification of completion from the course provider. Information about acceptable continuing education providers can be found at the Board's website using the following link: https://bbs.ca.gov/licensees/cont_ed.html

Is there an age limit on the coursework?

No. As long as you can obtain the appropriate proof, as described above, there is no age limit.

How often must I take this coursework?

This is a one-time requirement.

Can the required content have been included as part of a broader course?

Yes. This is acceptable as long as you can obtain appropriate proof that the content was covered.

What do I need to do if I am a Board licensee?

LAWS IMPACTING PRACTICE



SB 923 - GENDER-AFFIRMING CARE

Key Points of Law:

- Requires Medi-Cal, Program of All-Inclusive Care for the Elderly (PACE) organization, a health care service plan, or a health insurer to require its staff to complete evidence-based cultural competency training for the purpose of providing trans-inclusive health care.
- Requires a full service health care service plan, an insurer, and a Medi-Cal managed care plan, no later than March 1, 2025, to include information accessible within or from the plan or insurer's provider directory, that identifies which of a plan's or insurer's in-network providers have affirmed that they offer and have provided gender-affirming services.



SB 107 – GENDER AFFIRMING CARE

Key Points of the Law:

- Prohibits a provider of health care from releasing medical information related to a person or entity allowing a child to receive gender-affirming mental health care in response to a criminal or civil action based on another state's law that authorizes a person to bring a civil or criminal action against a person or entity that allows a child to receive gender affirming mental health care
- Does not apply to regular records requests or subpoenas issued in other types of litigation
- Very unlikely to come up in practice as the law prohibits a clerk of court from issuing a California subpoena when presented with a foreign subpoena for this type of litigation and a California attorney is prohibited from issuing a subpoena in this type of litigation seeking disclosure of certain sensitive services

SB 774 – EMOTIONAL SUPPORT DOG DOCUMENTATION

Context to understand SB 774:

- AB 468 became effective January 1st, 2022 and required:
 1. A client-provider relationship must exist for at least 30 day prior to providing an emotional support animal letter.
 2. Provider must complete a clinical evaluation of the individual regarding the need for an emotional support animal.
 3. Provider must provide a verbal or written notice to the client that knowingly or fraudulently representing oneself as the owner or trainer of any dog licensed, qualified, or identified as a guide, signal or service dog is a misdemeanor violation of Section 365.7 of the Penal Code





SB 774 – EMOTIONAL SUPPORT DOG DOCUMENTATION

Key Points to Law

- The patient-provider relationship that must exist for at least 30 days prior to providing documentation is no longer required if the patient is verified to be homeless.
- Homeless status may be verified by any of the following:
 - Identification through the local Homeless Management Information System;
 - Via a continuum of care, or a homeless services provider that is contracting with a continuum of care; or
 - Visual confirmation by a homeless services provider of individuals dwelling in a homeless shelter, homeless encampment, outdoor makeshift shelter, or vehicle.
- All other requirements surrounding the provision of an emotional support dog letter remain unchanged

LAWS IMPACTING BUSINESSES

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MEDICARE

**TELEHEALTH /
LICENSE PORTABILITY**

TELEHEALTH

Per HHS, "Telehealth — sometimes called telemedicine — lets your health care provider care for you without an in-person office visit. Telehealth is done primarily online with internet access on your computer, tablet, or smartphone."

Citation: What is Telehealth? <https://telehealth.hhs.gov/patients/understanding-telehealth>



WHAT ARE THE LAWS ON TELEHEALTH?

16 CCR § 1815.5

§ 1815.5. Standards of Practice for Telehealth.

Currentness

(a) All persons engaging in the practice of marriage and family therapy, educational psychology, clinical social work, or professional clinical counseling via telehealth, as defined in Section 2290.5 of the Code, **with a client who is physically located in this State** must have a valid and current license or registration issued by the Board.

(b) All psychotherapy services offered by board licensees and registrants via telehealth fall within the jurisdiction of the board just as traditional face-to-face services do **Therefore, all psychotherapy services offered via telehealth are subject to the board's statutes and regulations.**

(c) Upon initiation of telehealth services, a licensee or registrant shall do the following:

- (1) Obtain informed consent from the client consistent with Section 2290.5 of the Code.
- (2) Inform the client of the potential risks and limitations of receiving treatment via telehealth.
- (3) Provide the client with his or her license or registration number and the type of license or registration.
- (4) Document reasonable efforts made to ascertain the contact information of relevant resources, including emergency services, in the patient's geographic area.

(d) Each time a licensee or registrant provides services via telehealth, he or she shall do the following:

- (1) Verbally obtain from the client and document the client's full name and address of present location, at the beginning of each telehealth session.
- (2) Assess whether the client is appropriate for telehealth, including, but not limited to, consideration of the client's psychosocial situation.
- (3) Utilize industry best practices for telehealth to ensure both client confidentiality and the security of the communication medium.

(e) A licensee or registrant of this state may provide telehealth services to clients located in another jurisdiction only if the California licensee or registrant meets the requirements to lawfully provide services in that jurisdiction, and delivery of services via telehealth is allowed by that jurisdiction.

(f) Failure to comply with these provisions shall be considered unprofessional conduct.

The Practice of Marriage and Family Therapy Across State Lines
Ann Tran-Lien

California regulations allow Licensed Marriage and Family Therapists and Marriage and Family Therapist Registered Interns to provide telehealth services to clients located in another jurisdiction only if the licensee or registrant meets the requirements to lawfully provide services in that jurisdiction and delivery of telehealth services are allowed by that jurisdiction. CAMFT has developed this Chart to provide information for LMFTs who are interested in providing marriage and family therapy services via telehealth to clients located in another jurisdiction. For the states that do not have specific telehealth statutes for LMFTs, the information references the general practice of marriage and family therapy.

This information was gathered in August, 2016, and thus, CAMFT strongly encourages the reader to independently verify the information contained herein and/or consult with independent legal counsel before engaging in the provision of telehealth services. Contact information for each state’s MFT licensing board is provided. As states’ laws and regulations continually change, CAMFT cannot guarantee the completeness, currency or accuracy of the information contained herein.

State	Relevant Statutes/Regulations on Practice of Marriage and Family Therapy by Out-of-State LMFTs	State Licensing Agency’s Contact Information
Alabama	<p>Must hold an MFT license issued by Alabama to practice marriage and family therapy with clients located in Alabama. ALA. Code § 34-17A-4.</p> <p>See http://alisondb.legislature.state.al.us/alison/codeofalabama/1975/coatoc.htm</p>	<p>Website: www.mft.state.al.us</p> <p>Contact: Paula Scout McCaleb, Executive Director paula@leadership-alliance.org</p> <p>Phone: 334-395-7455</p>
Alaska	<p>Must hold an MFT license issued by Alaska to practice marriage and family therapy with clients located in Alaska.</p> <p>From the Alaska Board of Marital and Family Therapy: “Anyone considering utilizing e-therapy, or on-line therapy needs to know that if you are living in Alaska and receiving e-therapy, or on-line therapy, from a therapist outside of Alaska, there is no process available for the regulation of that therapist. Please inquire with the therapist as to their credentials and license.”</p> <p>See http://www.alaska.gov/commerce/ProfessionalLicensing/BoardofMaritalFamilyTherapy.aspx</p>	<p>Website: www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/BoardofMaritalFamilyTherapy.aspx</p> <p>Contact: Laura Carrillo, Licensing Examiner laura.carrillo@alaska.gov</p>

**AM I ALLOWED TO
PERFORM SERVICE IN
ANOTHER STATE?**

**Answer: It Depends.
But, most states say NO.**

IF MOST STATES SAY NO, WHAT CAN I DO?

Answer: Apply for Licensure in Other State.

State	Licensing Board Information	Board Contact Information	State Legal and Ethical Rules	Link to Application and Resources Related to Licensure	License Portability: Requirements for State Licensure with a California License
New Jersey	New Jersey State Board of Marriage and Family Therapy Examiners	<p>Address: P.O. Box 45007 Newark, NJ 07101</p> <p>Phone: 973-504-6415</p> <p>Milagros B. Collazo Executive Director MFTInquiries@dca.njoag.gov</p> <p>Website</p>	New Jersey State Board of Marriage and Family Therapy Examiners Laws and Regulations	<p>New Jersey State Board of Marriage and Family Therapy Examiners Application for Licensure Marriage and Family Therapy (Online Application)</p> <p>New Jersey State Board of Marriage and Family Therapy Examiners Application Process Overview</p>	<p>A California Marriage and Family Therapist seeking licensure by an examination of credential in New Jersey will need the following:</p> <ul style="list-style-type: none"> Completed Application for Licensure as an MFT \$75.00 Non-refundable Application Fee Background Check and Fingerprint Card Processed Client Contact and Supervision Hours Form Documentation of Experience for General Counseling Experience Only Documentation of Experience for Marriage and Family Therapy Experience Only Child Support Questionnaire Official Graduate Transcript(s) Two Professional Qualified References that can evaluation your current clinical competence <p>See: New Jersey Revises Statutes Section 45:8B-21: Licensing of person licensed out-of-state, and New Jersey Administrative Code 13:34-2.5: Licensure by Credentials</p>
New Mexico	New Mexico Counseling and Therapy Practice Board	<p>Address: 2550 Cerrillos Rd., Santa Fe, NM 87505</p> <p>Phone: 505-476-4610</p> <p>Adam Griego Board Administrator counseling.board@rld.nm.gov</p> <p>Website</p>	New Mexico Counseling and Therapy Practice Board Statutes, Rules, and Rule Hearing	New Mexico Counseling and Therapy Practice Board Marriage and Family Therapist Application (Online Application)	<p>A California Marriage and Family Therapist seeking licensure in New Mexico will need to complete all requirements for initial licensure.</p> <p>On January 18th, 2023, New Mexico repealed New Mexico Administrative Code 16.27.6.12 Licensure by Reciprocity.</p>
New York	New York Office of the Professions	<p>Address: State Board for Mental Health Practitioners 89 Washington Avenue Albany, NY 12234</p> <p>Phone: 518-474-3817, Press 1 then ext. 450 (voice)</p> <p>Evan Seiden Executive Secretary mhpb@dnyesd.gov</p> <p>Website</p>	New York Office of the Professions Laws, Rules & Regulations for Marriage and Family Therapy	<p>New York Office of the Professions Application for Licensure by Endorsement (Online Application)</p> <p>New York Office of the Professions Application Checklist</p> <p>New York Office of the Professions License Requirements for Marriage and Family Therapy</p>	<p>A California Marriage and Family Therapist seeking licensure by endorsement in New York will need the following:</p> <ul style="list-style-type: none"> Completed Application for Licensure by Endorsement \$371.00 Non-refundable Application Fee Active License as an LMFT and practicing at least 5 years of Independent Practice in 10 years prior to application Certification of Professional Education completed by Graduate School / Registrar Official Graduate Transcript(s) Certification of Supervised Internship and Practicum Course Syllabi (if applicable/requested) Verification of Other Professional Licensure/ Certification Endorsement Experience Record Test scores for the AMFTRB National Examination in Marital and Family Therapy <p>See: Official Compilation of Codes, Rules and Regulations of the State of New York Section 79-10.7 Licensure by endorsement of certain licensed marriage and family therapists.</p>

BONUS: CALIFORNIA CLINICAL EXAM EQUIVALENCY CHART

State	Licensing Board Information	Board Contact Information	State Legal and Ethical Rules	Link to Application and Resources Related to Licensure	Will the California Clinical Exam Be Accepted?
Alabama	Alabama Board of Examiners in Marriage and Family Therapy	Address: 2777 Zelda Road, Montgomery, AL 36106 Phone: 334-395-7455 Keith E. Warren Executive Director keith@alstateboard.com Website	Alabama Board of Examiners in Marriage and Family Therapy MFT Rules Alabama Board of Examiners in Marriage and Family Therapy MFT Statutes	Alabama Board of Examiners in Marriage and Family Therapy Application Form Licensed Marriage and Family Therapist by Endorsement (Paper Application)	Yes, the Alabama Board of Examiners in Marriage and Family Therapy will accept the State of California Board of Behavioral Sciences' Marriage and Family Therapist Written Clinical Examination.
Alaska	Alaska Board of Marital and Family Therapy	Address: 550 W 7th Ave, STE 1500, Anchorage, AK 99501 Phone: 907-269-8160 Ruth Dinardi Executive Director BoardOfMaritalAndFamilyTherapy@Alaska.Gov Website	Alaska Board of Marital and Family Therapy Statutes and Regulations	Alaska Board of Marital and Family Therapy Marital and Family Therapist License Application (Paper Application)	Possibly, the burden of proof falls on the applicant to prove that the California Clinical Exam that they took meets the current examination requirements of Alaska. Depending upon the evidence provided, the Alaska Board of Marital and Family Therapy will let the applicant know if they are required to complete the Examination in Marital and Family Therapy from the Association of Marital and Family Therapy Regulatory Boards (AMFTRB).
Arizona	Arizona Board of Behavioral Health Examiners	Address: 1740 West Adams Street, #3600, Phoenix, AZ 85007 Phone: 602-542-1882 Tobi Zavala Executive Director Information@azbbhe.us Website	Arizona Board of Behavioral Health Examiner Statutes Arizona Board of Behavioral Health Examiner Rules	Arizona Board of Behavioral Health Examiners License by Endorsement Application (Paper Application) Arizona Board of Behavioral Health Examiners Application Resource Guide	Test scores are not required to be submitted in Arizona if applying through endorsement. If the applicant is not applying through endorsement, the applicant is required to complete the Examination in Marital and Family Therapy from the Association of Marital and Family Therapy Regulatory Boards (AMFTRB).
Arkansas	Arkansas Board of Examiners in Counseling and Marriage & Family Therapy	Address: 101 East Capitol, Suite 202, Little Rock, AR 72201 Phone: 501-683-5800 Lenora Erickson Executive Director Lenora.Erickson@arkansas.gov Website	Arkansas Board of Examiners in Counseling and Marriage & Family Therapy Rules	Arkansas Board of Examiners in Counseling and Marriage & Family Therapy Application for License by Endorsement (Paper Application) Arkansas Board of Examiners in Counseling and Marriage & Family Therapy License by Endorsement Instructions	Yes, the Arkansas Board of Examiners in Counseling and Marriage & Family Therapy will accept the State of California Board of Behavioral Sciences' Marriage and Family Therapist Written Clinical Examination.



WHAT IS CAMFT DOING ON THIS ISSUE?

- CAMFT is working with AAMFT to create a license portability model.
- The model would potentially change the requirements for licensure in states to make it more uniform, which would mean that a current licensee has more of the requirements completed already.
- CAMFT is also advocating for the national exam. This will help with portability and with job descriptions at the federal level.

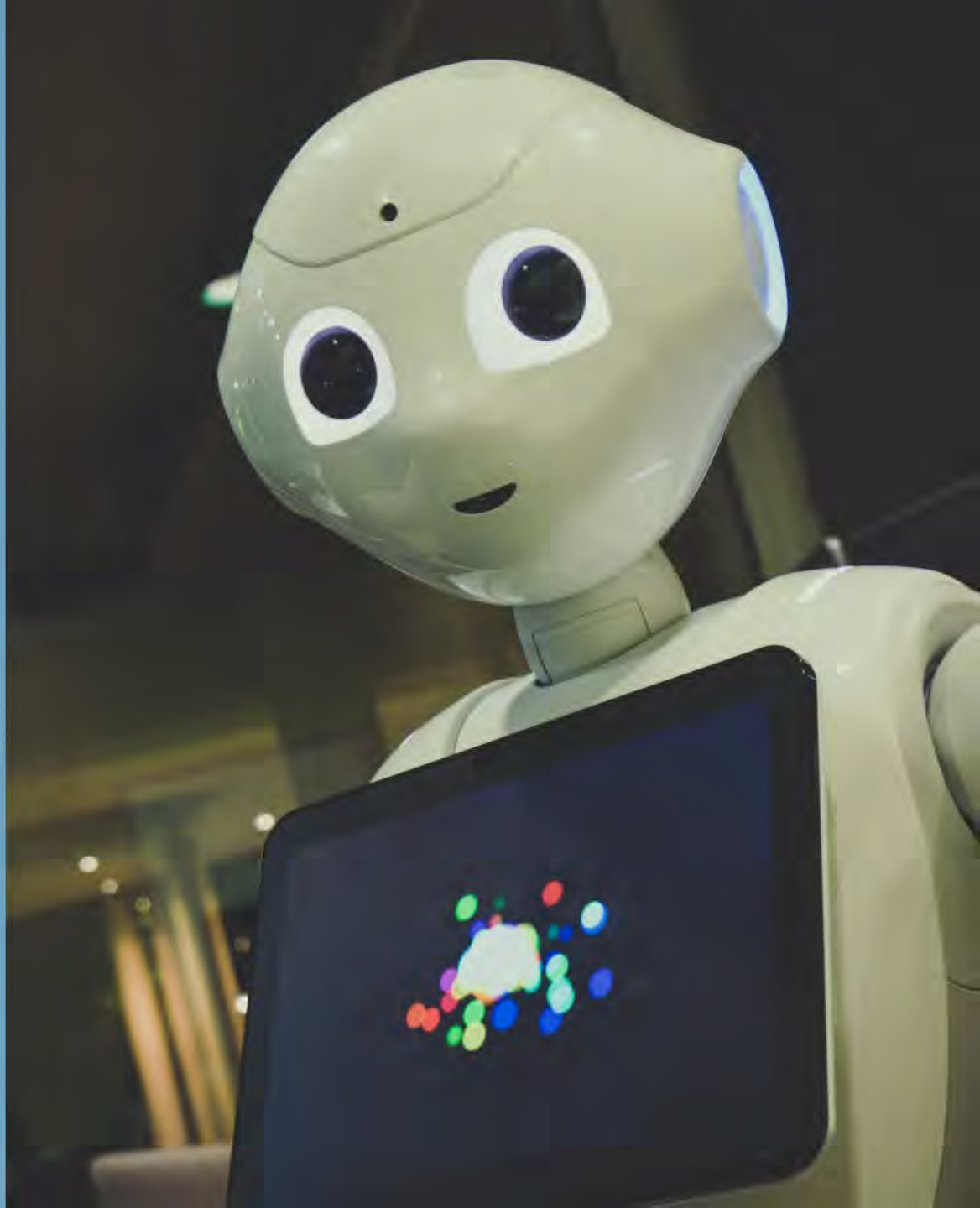
ARTIFICIAL INTELLIGENCE

ARTIFICIAL INTELLIGENCE

Per the National Artificial Intelligence Initiative Act of 2020, Artificial intelligence (AI) "means a machine-based system that can, for a given set of human-defined objectives, make predictions, recommendations or decisions influencing real or virtual environments. Artificial intelligence systems use machine and human-based inputs to—

- (A) perceive real and virtual environments;
- (B) abstract such perceptions into models through analysis in an automated manner; and
- (C) use model inference to formulate options for information or action.

Citation: National Artificial Intelligence Initiative Act of 2020 via <https://www.congress.gov/bill/116th-congress/house-bill/6216/text>



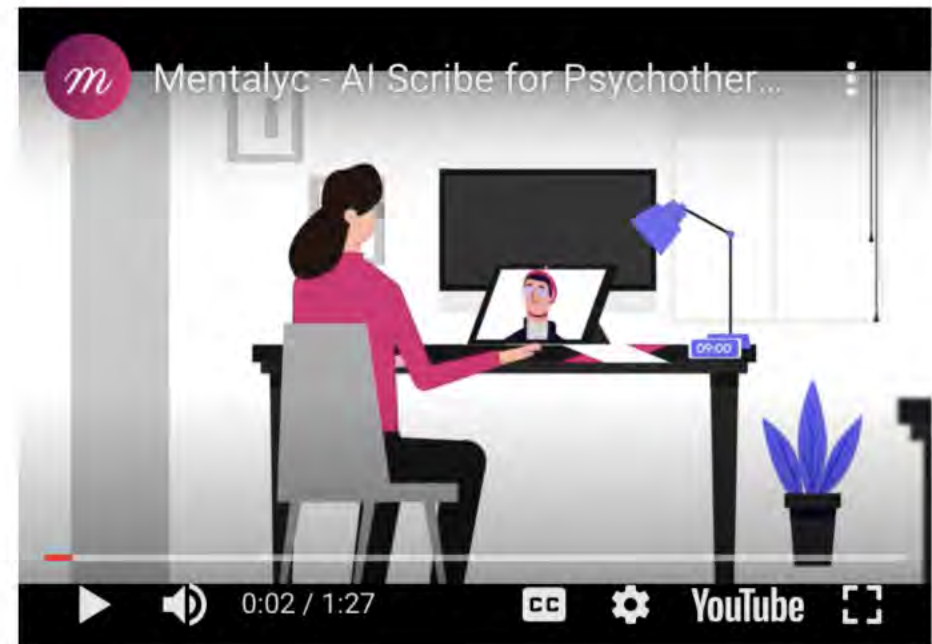
HOW IS ARTIFICIAL INTELLIGENCE IMPACTING THE PROFESSION?

Don't let writing **progress** notes affect your love for therapy.

Effortless Automated Notes for Mental Health Providers: **Save Time, Enhance Care, and Improve Compliance. 100% HIPAA Compliant.**

Try for Free

✓ 30 free notes for a month, **no credit card required**



EXAMPLE OF AI IN WORK





Overview of the Tools

The table below gives an overview of each tool and how they work.

Tool	Description
AutoNotes	AutoNotes uses a standardized note template with dropdown menus and multi-select lists to make the note-writing process faster and easier. The therapist completes their session and then uses AutoNotes to manually fill out the note template, copy the note, and complete it in their preferred EHR.
Blueprint	Blueprint Health was built to make measurement-based care as easy as possible. The therapist conducts the session on the Blueprint platform. Blueprint generates part of a SOAP note based on client assessment results and in-session guidance . The therapist copies the note components into their full note in their preferred EHR.
Mentalyc	Mentalyc uses AI to generate session notes and session insights based on an audio file of the session, which is uploaded by the therapist. The therapist then edits the note and can use Mentalyc as their EHR or copy the note into their preferred EHR.
Upheal	Upheal uses AI to create a session note and session insights . The therapist conducts a telehealth session using the Upheal platform or uploads an audio file from the session. Upheal transcribes the note and then generates a session note and session insights, which the therapist can edit and copy into their preferred EHR.

**OPTIONS
OUT THERE?**

Citation: Weisman, H. (2023, August 2). Making therapy documentation easier: A comparison of AI note automation tools for private practice... Medium. <https://medium.com/@drhannahweisman/making-therapy-documentation-easier-a-comparison-of-ai-note-automation-tools-for-private-practice-2ec17c0aee49>

**EXECUTIVE ORDER FROM
PRESIDENT JOE BIDEN
ISSUED ON
OCTOBER 30TH, 2023**

President Biden has signed an Executive Order to advance agencies' efforts across the federal government, building on previous actions to harness the benefits and mitigate the risks of AI.



OCTOBER 30, 2023

Executive Order on the Safe, Secure, and Trustworthy Development and Use of Artificial Intelligence

 BRIEFING ROOM  PRESIDENTIAL ACTIONS

By the authority vested in me as President by the Constitution and the laws of the United States of America, it is hereby ordered as follows:

Section 1. Purpose. Artificial intelligence (AI) holds extraordinary potential for both promise and peril. Responsible AI use has the potential to help solve urgent challenges while making our world more prosperous, productive, innovative, and secure. At the same time, irresponsible use could exacerbate societal harms such as fraud, discrimination, bias, and disinformation; displace and disempower workers; stifle competition; and pose risks to national security. Harnessing AI for good and realizing its myriad benefits requires mitigating its substantial risks. This endeavor demands a society-wide effort that includes government, the private sector, academia, and civil society.

My Administration places the highest urgency on governing the development and use of AI safely and responsibly, and is therefore advancing a coordinated, Federal Government-wide approach to doing so. The rapid speed at which AI capabilities are advancing compels the United States to lead in this moment for the sake of our security, economy, and society.

In the end, AI reflects the principles of the people who build it, the people who use it, and the data upon which it is built. I firmly believe that the power of our ideals; the foundations of our society; and the creativity, diversity, and decency of our people are the reasons that America thrived in past eras of rapid change. They are the reasons we will succeed again in this moment. We are more than capable of harnessing AI for justice, security, and opportunity for all.

Sec. 2. Policy and Principles. It is the policy of my Administration to advance and govern the development and use of AI in accordance with eight guiding principles and priorities. When undertaking the actions set forth in this order, executive departments and agencies (agencies) shall, as

The White House breaks the key components of the executive order into eight parts:

- **Creating new safety and security standards for AI**, including by requiring some AI companies to share safety test results with the federal government, directing the Commerce Department to create guidance for AI watermarking, and creating a cybersecurity program that can make AI tools that help identify flaws in critical software.
- **Protecting consumer privacy**, including by creating guidelines that agencies can use to evaluate privacy techniques used in AI.
- **Advancing equity and civil rights** by providing guidance to landlords and federal contractors to help avoid AI algorithms furthering discrimination, and creating best practices on the appropriate role of AI in the justice system, including when it's used in sentencing, risk assessments and crime forecasting.
- **Protecting consumers overall** by directing the Department of Health and Human Services to create a program to evaluate potentially harmful AI-related health-care practices and creating resources on how educators can responsibly use AI tools.
- **Supporting workers** by producing a report on the potential labor market implications of AI and studying the ways the federal government could support workers affected by a disruption to the labor market.
- **Promoting innovation and competition** by expanding grants for AI research in areas such as climate change and modernizing the criteria for highly skilled immigrant workers with key expertise to stay in the U.S.
- **Working with international partners** to implement AI standards around the world.
- **Developing guidance for federal agencies' use and procurement** of AI and speeding up the government's hiring of workers skilled in the field.

Citation: AI.gov

WHAT IS CAMFT DOING ON THIS ISSUE?

- CAMFT's Ethics Committee recently met with two tech advisors who are familiar both with mental health and AI to discuss client privacy and safety concerns regarding AI and the importance of educating therapists regarding these concerns when using AI.
- The Ethics committee is working on creating ethics guidelines specific to AI and will continue to 'keep their fingers on the pulse' of new tech developments and how they might impact the mental health space.

***KETAMINE /
PSYCHEDELIC DRUGS***

WHAT IS KETAMINE?

Per the DEA, "Ketamine is listed as a Schedule III controlled substance by the U.S. Drug Enforcement Agency (DEA)."

Ketamine is a dissociative anesthetic that has some hallucinogenic effects. Ketamine distorts the perception of sight and sound and makes the user feel disconnected and not in control. It is referred to as a 'dissociative anesthetic hallucinogen' because it makes patients feel detached from their pain and environment.

Ketamine is an approved medical product as an injectable, short-acting anesthetic for use in humans and animals and as esketamine (Spravato®; the active form of the drug) as a nasal spray for treatment resistant depression."

Fun Fact: Street name for Ketamine is called Kit Kat.

Citation: <https://www.dea.gov/factsheets/ketamine>



WHAT IS SPRAVATO®?

In March 2019, the U.S. Food and Drug Administration approved SPRAVATO® for the treatment of adults with treatment-resistant major depressive disorder who have a history of suicidal thoughts or actions.

SPRAVATO® is a prescription nasal spray intended to be taken with an oral antidepressant. SPRAVATO® only contains the S- molecule (esketamine).

SPRAVATO® is tightly controlled and only available for prescription and administration through a Janssen Pharmaceuticals Risk Evaluation and Mitigation Strategy (REMS) certified healthcare setting.

Pharmacies may only dispense SPRAVATO® to REMS certified healthcare settings



VIDEO FROM CAMFT STAFF ATTORNEY KRISTIN ROSCOE ON KETAMINE



**CAMFT ARTICLE ON
KETAMINE
BY CAMFT STAFF
ATTORNEY
KRISTIN ROSCOE**



WHAT IS PSYCHEDELIC THERAPY?

From Healthline, "Psychedelic therapy (sometimes referred to as psychedelic-assisted psychotherapy, or PAP) is a type of psychiatric practice that involves ingesting a psychedelic substance as part of a psychotherapeutic process.

In psychedelic therapy, the use of psychedelics is typically combined with talk therapy.

A range of consciousness-altering psychedelic drugs are currently being used or researched for therapeutic purposes in both clinical and nonclinical settings. Some are derived from plants, like psilocybin (magic mushrooms), DMT, peyote, ayahuasca, and ibogaine. Others – including ketamine, MDMA, and LSD – are chemical compounds.

It's becoming more popular with increased legalization of certain psychedelic substances, a rise in mental health conditions, and a lull in psychopharmacological research."



Citation: Robertson, K. (2021, May 26). Psychedelic therapy: Uses, how it's done, risks, and more. Healthline. <https://www.healthline.com/health/mental-health/psychedelic-therapy>

**FAILED ATTEMPT TO
LEGALIZE CERTAIN
PSYCHODELICS WITH
SENATE BILL 58;
VETOED BY GOVERNOR
NEWSOM**

OCT 07 2023

To the Members of the California State Senate:

I am returning Senate Bill 58 without my signature.

This bill would, beginning on January 1, 2025, decriminalize the possession, preparation, obtaining, or transportation of specified quantities of mescaline, dimethyltryptamine (DMT), psilocybin, and psilocyn, for personal use by persons 21 years of age or older. This bill would also decriminalize the therapeutic use of the substances following the Legislature's adoption of a framework governing therapeutic use.

Both peer-reviewed science and powerful personal anecdotes lead me to support new opportunities to address mental health through psychedelic medicines like those addressed in this bill. Psychedelics have proven to relieve people suffering from certain conditions such as depression, PTSD, traumatic brain injury, and other addictive personality traits. This is an exciting frontier and California will be on the front-end of leading it.

California should immediately begin work to set up regulated treatment guidelines – replete with dosing information, therapeutic guidelines, rules to prevent against exploitation during guided treatments, and medical clearance of no underlying psychoses. Unfortunately, this bill would decriminalize possession prior to these guidelines going into place, and I cannot sign it.

I urge the legislature to send me legislation next year that includes therapeutic guidelines. I am, additionally, committed to working with the legislature and sponsors of this bill to craft legislation that would authorize permissible uses and consider a framework for potential broader decriminalization in the future, once

FUTURE ALREADY IN JEOPARDY "MAGIC MUSHROOM" IN THE NEWS

California magic mushroom legalization plan in jeopardy after Alaska Airlines pilot's arrest

BY DUSTIN GARDINER 10/26/2023 05:00 AM EDT



Joseph David Emerson (left) was sitting in a spare seat in the cockpit when authorities say he tried to shut off the engines before the two pilots subdued him. | Dave Killen/The Oregonian via AP

SAN FRANCISCO — A near disaster involving an off-duty pilot who admitted to experimenting with magic mushrooms may doom efforts to decriminalize psychedelics in California.

The alarming incident happened just weeks after Gov. Gavin Newsom [vetoed a bill](#) that would have legalized possession of mushrooms and some other psychedelics — and has turned an already risky cause into an even riskier proposition for a governor with national ambitions.

The off-duty pilot for Alaska Airlines who tried to cut the engines of the San Francisco-bound flight said he had taken mushrooms and was struggling with depression. Using psychedelics for therapeutic purposes is an idea that has gained ground recently and was the chief argument for decriminalization in California.

A low-angle, upward-looking photograph of several modern skyscrapers with glass facades, set against a clear blue sky. The perspective creates a sense of height and architectural grandeur.

WHAT IS CAMFT DOING ON THIS ISSUE?

- CAMFT Ethics Committee is reviewing new developments in this area.
- CAMFT is staying on top of changes to the law including prospective legislation.
- CAMFT is putting out articles with the most up to date information as it comes out.

**WHAT ARE YOUR
THOUGHTS?**

LET'S SEE HOW IT COMPARES TO EVERYONE ELSE

**NEW LAWS IMPACTING
MENTAL HEALTH**

**Senate Bill
326 and
Assembly Bill
531**

**Assembly Bill
665**

**Senate Bill
372**

**Assembly Bill
232**

**Senate Bill
43**

SENATE BILL 326

AND

ASSEMBLY BILL 531

HOW DID WE GET HERE?

POLITICO PRO



Newsom launches campaign to transform mental health care in California

The governor's signature sends reforms to the ballot.



BY: RACHEL BLUTH | 10/12/2023 04:06 PM EDT

SACRAMENTO, Calif. — Gov. Gavin Newsom's top health care priority is heading to voters in March — a package of mental health reforms and a more than \$6 billion bond for new treatment beds.

“There's a recognition that in this nation we screwed this up, for all the good will and good intentions,” Newsom said before he signed a pair of bills that will be combined into Proposition 1. “Today is about holding ourselves to a higher level of accountability.”

MENTAL HEALTH PACKAGE PART I: SENATE BILL 326: BEHAVIORAL HEALTH SERVICE ACT

What do we have now:

Existing law, the Mental Health Services Act (MHSA), an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, funds a system of county mental health plans for the provision of mental health services.

What does this bill do:

Senate Bill 326 modernizes the Mental Health Services Act to address today's behavioral health system and demand for services. The law – which, after Newsom's signature is now the Behavioral Health Services Act – will require counties to spend roughly a third of their mental health budgets on housing interventions. About another third will be spent on intensive services for people living on the street and the last third will go to a host of other mental health programs run by counties, including early interventions and workforce training. Counties will also be able to move some money around between categories. People with substance use disorders but no other mental health conditions will now also be eligible to receive services with these funds.



**MENTAL HEALTH PACKAGE PART 2:
ASSEMBLY BILL 531: BEHAVIORAL HEALTH INFRASTRUCTURE
BOND ACT OF 2023**

What does this bill do:

Assembly Bill 531 includes a \$6.38 billion general obligation bond to build 11,150 new treatment beds and supportive housing units as well as outpatient capacity to help serve tens of thousands of people annually – from intensive services for homeless people with severe mental illness, to counseling for kids suffering from depression, and everyone in between.

This investment would be the single largest expansion of California's behavioral health treatment and residential settings in our state's history – creating new, dedicated housing for people experiencing or at risk of homelessness who have behavioral health needs, with a dedicated investment to serve veterans. These settings will provide Californians experiencing behavioral health conditions a place to stay while safely stabilizing, healing, and receiving ongoing support. Included in the bond is a \$1 billion set aside specifically for veterans' housing.



WHAT'S NEXT? PROPOSITION 1 : TREATMENT NOT TENTS

Senate Bill 326 and Assembly Bill 531 will appear jointly on the March 2024 ballot as Proposition 1 and California voters will vote if they want this proposition to move forward.



TREATMENT NOT TENTS

About Prop. 1

For the first time in decades, Californians will have the ability to transform the state's mental health system – modernizing to meet the needs of all Californians.

Proposition 1 – Treatment not Tents – will refocus billions of dollars in existing funds to prioritize Californians with the deepest mental health needs, living in encampments, or suffering the worst substance use issues.

It will expand mental health and addiction services for tens of thousands of Californians each year, create housing settings where over 11,000 Californians with the severest mental health needs can live, recover, stabilize and thrive, and provide \$1 billion to ensure our veterans experiencing homelessness, mental health and substance abuse issues are given the care they deserve.

ASSEMBLY BILL 665



OFFICE OF THE GOVERNOR

OCT 07 2023

To the Members of the California State Assembly:

I am signing Assembly Bill 665, which will allow youth 12 years of age or older to consent to mental health care services, whether covered by Medi-Cal or private health plans.

Youth ages 12 and older with private health insurance already have the right to consent to their own mental health services, but youth with Medi-Cal coverage do not. This bill extends that right so that minors in Medi-Cal may also consent to their mental health care services. This bill eliminates an eligibility disparity which places lower-income youth who do not have private health insurance at a disadvantage, improving access to lifesaving care for young people.

Sincerely,



Gavin Newsom

**HOW DID WE
GET HERE?**

ASSEMBLY BILL 665: MINORS: CONSENT TO MENTAL HEALTH SERVICES

What do we have now:

Existing law in both Section 124260 of the Health and Safety Code and Section 6924 of the Family Code establish that a minor who is 12 years of age or older may consent to mental health treatment or counseling on an outpatient basis, or to residential shelter services, if the minor is mature enough to participate intelligently in the outpatient services or residential shelter services; however, such services cannot be billed to Medi-Cal.

Existing law in the Family Code authorizes providers to bill Medi-Cal if the above requirements are met and either the minor would present a danger of serious physical or mental harm to themselves or to others, or the minor is the alleged victim of incest or child abuse.



ASSEMBLY BILL 665: MINORS: CONSENT TO MENTAL HEALTH SERVICES

What does this bill do:

This bill would remove the requirement for Medi-Cal payment that the minor present a danger of serious physical or mental harm to themselves or to others, or be the alleged victim of incest or child abuse. This bill would align with private pay and private insurance that allows ANY minor, 12 and older, mature and intelligent enough to consent to their own treatment, and have their services paid by their 3rd party payer.



**ASSEMBLY BILL 665:
MINORS: CONSENT TO MENTAL HEALTH SERVICES**

EFFECTIVE DATE IS: JULY 1ST, 2024

SENATE BILL 372

HOW DID WE GET HERE?

SENATE JUDICIARY COMMITTEE
Senator Thomas Umberg, Chair
2023-2024 Regular Session

SB 372 (Menjivar)
Version: March 20, 2023
Hearing Date: April 18, 2023
Fiscal: Yes
Urgency: No
CK

SUBJECT

Department of Consumer Affairs: licensee and registrant records: name and gender changes

DIGEST

This bill requires a board within the Department of Consumer Affairs to update a licensee or registrant's records with an updated legal name or gender upon receiving specified government-issued documentation and to reissue updated documents as provided.

EXECUTIVE SUMMARY

A host of California laws have sought to ease the process for changing one's gender and name both legally and on official records. This has been done most recently for community college students, staff and faculty. One area where concerns continue to arise is within the Department of Consumer Affairs. Specifically, licensees and registrants of boards within the department have reported struggles with being identified by "deadnames" through the department's online licensing system, BreEZe.

This bill requires boards to update official records, including their online systems, with updated names and genders after receiving proper government identification. Former names and genders will be protected, but the boards will be required to have a system to provide those former names and genders when necessary in connection with a complaint against the registrant or licensee.

This bill is sponsored by the California Council of Community Behavioral Health Agencies, the California Association for Licensed Professional Clinical Counselors, the California Association of Marriage and Family Therapists, the California Association of Social Rehabilitation Agencies, the California Psychiatric Alliance, the California Psychological Association, the California State Association of Psychiatrists, the National Association of Social Workers, California Chapter, and the Psychiatric Physicians



SENATE BILL 372: DEPARTMENT OF CONSUMER AFFAIRS: LICENSEE AND REGISTRANT RECORDS: NAME AND GENDER CHANGES

What do we have now:

Boards and bureaus under the Department of Consumer Affairs (DCA), including the Board of Behavioral Sciences (Board) are required to post certain public information on the internet, including information on each licensee or registrant's status, disciplinary actions, and address of record. (Business and Professions Code (BPC) §27(a)).

Current law requires licensee or registrant of the Board to provide the Board with written notice of a name change, giving both the old and new names, within 30 days of the issuance of a new government issued photo I.D.

WHAT DO MFTS DO NOW?

Apply for a Name Change - Please allow a minimum of 30 business days for processing.

- ▶ [Name Change - ONLINE](#) in your BreEZe account You will be required to attach EACH required document in the online application.
- ▶ [Notification of Name Change - Mailed in Paper Application](#) (please allow additional time for processing due to mailing).

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
NOTIFICATION OF NAME CHANGE

The California Department of Consumer Affairs may recognize a name change by an applicant or licensee if that name is now his or her legal name for all purposes and if the change is not made for fraudulent purposes and is not misleading to the public.

Important Submission Information: Submission of this form will serve as a notification of name change to all California Boards and Bureaus operating on the BreEZe system. For a complete listing of which licensing Boards and Bureaus this name change will affect, please see the back of this form. Incomplete packets will not be accepted or returned.

SECTION A: NAME CHANGE INFORMATION

Former First Name	Former Middle Name	Former Last Name
New First Name	New Middle Name	New Last Name
Last Four of SSN or ITIN*	License #	Date of Birth (MM/DD/YYYY)

SECTION B: DOCUMENTATION REQUIREMENTS AND OPTIONS

You must submit photocopies or electronic copies of the following **two** required documents:

1. A current government issued photographic identification (e.g., driver license, alien registration, passport, etc.) AND 2. One of the following additional legal documents as proof of name change. Check one and attach a copy of the document.

- Certified Court Order
- Marriage Certificate
- Dissolution of Marriage (Divorce)

SECTION C: PERSONAL ATTESTATION

I declare under penalty of perjury under the laws of the State of California that the information given above is true and correct and that I am the person who was issued the original California license by the Department of Consumer Affairs or submitted an application.

I hereby certify that the name change is not made for fraudulent purposes.

X _____ Date: _____

* You may provide the last four digits of either your Social Security Number, Federal Employer Identification Number, or Individual Taxpayer Identification Number, as applicable.

SENATE BILL 372: DEPARTMENT OF CONSUMER AFFAIRS: LICENSEE AND REGISTRANT RECORDS: NAME AND GENDER CHANGES

What does this bill do:

27.5. (a) (1) Notwithstanding any other law, if a board within the Department of Consumer Affairs receives government-issued documentation as described in subdivision (b), from a licensee or registrant demonstrating that the licensee's or registrant's legal name or gender has been changed, the board, upon request by the licensee or registrant, shall update the individual's license or registration by replacing references to the former name or gender on the license or registration, as applicable, with references to the current name or gender.

(2) (A) If the board operates an online license verification system, upon request by a licensee or registrant whose name or gender was updated pursuant to paragraph (1), the board shall replace references to the licensee's or registrant's former name or gender with the individual's current name or gender, as applicable, on the publicly viewable information displayed on the internet about the licensee or registrant. The licensee's or registrant's former name or gender, as applicable, shall not be published online.

(B) Notwithstanding any other law, for licensees or registrants subject to subparagraph (A) who were previously subject to an enforcement action referencing the individual's former name or gender, as applicable, the board shall not post enforcement records online, but shall instead post online a statement stating that the individual previously was subject to enforcement action and directing the public to contact the board for more information about the licensee's or registrant's prior enforcement action. The board shall ensure compliance with the California Public Records Act (Division 10 (commencing with Section 7920.000) of Title 1 of the Government Code) in implementing this section, including, but not limited to, responding to a request for records within 10 days from receipt of the request, as specified in Section 7922.535 of the Government Code.

(C) If a public search of the online license verification system is performed using a licensee's or registrant's former name that was replaced pursuant to subparagraph (A), the board shall post an online statement directing the public to contact the board for more information about the licensee or registrant.

(3) If requested by the licensee or registrant, the board shall reissue the license created by the board and conferred upon the licensee or registrant by the board. A board shall not charge a higher fee for reissuing a document with an updated legal name or gender than the fee it regularly charges for reissuing a document with other updated information.

(b) (1) The documentation identified in either of the following is required to demonstrate a legal name change of a licensee or registrant:

(A) A certified court order issued pursuant to a proceeding authorized by subdivision (b) of Section 1277 of the Code of Civil Procedure and a copy of the certificate issued under the Secretary of State's Safe at Home program authorized by Chapter 3.1 (commencing with Section 6205) of Division 7 of Title 1 of the Government Code reflecting the licensee's or registrant's updated name.

(B) A certified court order issued pursuant to a proceeding authorized by Section 1277.5 of the Code of Civil Procedure or Article 7 (commencing with Section 103425) of Chapter 11 of Part 1 of Division 102 of the Health and Safety Code reflecting the licensee's or registrant's updated name.

(2) Any of the following documents are sufficient to demonstrate a gender change of a licensee or registrant:

(A) State-issued driver's license or identification card.

(B) Birth certificate.

(C) Passport.

(D) Social security card.

(E) Court order indicating a gender change from a court of this state, another state, the District of Columbia, any territory of the United States, or any foreign court.

WHAT IS A DEAD NAME?



deadname 1 of 2 noun

dead·name 'ded-nām ⓘ

variants *or less commonly* **dead name**

plural **deadnames** *also* **dead names**

: the name that a transgender person was given at birth and no longer uses upon transitioning

What is deadnaming?

Dr. Lambrese says deadnaming is referring to someone by a name that they didn't ask you to use.

"A transgender person may decide to no longer use their birth or legal name. Instead, they'll choose a name that better aligns with their identity. When someone uses their old name after being asked not to, that is what we call 'deadnaming.' The person who they once were is dead, but the new person is alive, so their current name should be used."

Citation: Fenneld. (2022, November 28). What deadnaming is and why it's harmful. Cleveland Clinic. <https://health.clevelandclinic.org/deadnaming/>

HOW WILL THIS WORK NOW?

The application of this law is currently in progress. The new form will come from DCA.

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
NOTIFICATION OF NAME CHANGE

The California Department of Consumer Affairs may recognize a name change by an applicant or licensee if that name is now his or her legal name for all purposes and if the change is not made for fraudulent purposes and is not misleading to the public.

Important Submission Information: Submission of this form will serve as a notification of name change to all California Boards and Bureaus operating on the BreZE system. For a complete listing of which licensing Boards and Bureaus this name change will affect, please see the back of this form. Incomplete packets will not be accepted or returned.

SECTION A: NAME CHANGE INFORMATION

Former First Name	Middle Name	Former Last Name
New First Name	New Middle Name	New Last Name
Last Four of SSN or ITIN*	License #	Date of Birth (MM/DD/YYYY)

SECTION B: DOCUMENTATION REQUIREMENTS AND OPTIONS

You must submit photocopies and electronic copies of the following two required documents:
1. A current government issued photographic identification (e.g., driver license, alien registration, passport, etc.) AND 2. One of the following additional legal documents as proof of name change. Check one and attach a copy of the document.

- Certified Court Order
- Marriage Certificate
- Dissolution of Marriage (Divorce)

SECTION C: PERSONAL ATTESTATION

POTENTIAL EXAMPLE

 (PREVIOUS NAME)

LICENSE NUMBER:  LICENSE TYPE: LICENSED MARRIAGE AND FAMILY THERAPIST

LICENSE STATUS: LICENSE RENEWED & CURRENT ⓘ EXPIRATION DATE: OCTOBER 31, 2024

SECONDARY STATUS: CITATION ISSUED

CITY: LONG BEACH STATE: CALIFORNIA COUNTY: LOS ANGELES ZIP: 90803



MORE DETAIL

 LICENSE NUMBER:  LICENSE TYPE: LICENSED MARRIAGE AND FAMILY THERAPIST

LICENSE STATUS: LICENSE RENEWED & CURRENT ⓘ EXPIRATION DATE: OCTOBER 31, 2024

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MORE DETAIL

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MORE DETAIL



BBS
Board of Behavioral Sciences



BENEFIT TO DOMESTIC VIOLENCE VICTIMS

The bill is sponsored by a coalition of professional organizations represented among the boards affected by this bill, including the California Psychological Association and the California Council of Community Behavioral Health Agencies. The coalition writes:

When a licensed professional legally changes their name, their original, or deadname, appears on the DCA's Breeze online license verification system. This practice negatively impacts all licensees under the DCA who are identified by their previous name, when they prefer their legal name to be publicly shared.

By limiting what is shared on the website, the safety and privacy of transitioned persons and others who have changed licensed under DCA is protected. **Victims of domestic violence that have legally changed their name may wish for their information to be kept confidential.**

Individuals that have transitioned may be harassed or discriminated against when their transition is shared on the Breeze system.

Safeguards for consumers to ensure that a complaint can be filed under either name are included in the bill. If a disciplinary action was taken under the deadname, that information would remain linked to the license number and available for the public to review.

**SENATE BILL 372: DEPARTMENT OF CONSUMER
AFFAIRS: LICENSEE AND REGISTRANT
RECORDS: NAME AND GENDER CHANGES**

EFFECTIVE DATE IS: JANUARY 1ST, 2024

ASSEMBLY BILL 232

HOW DID WE GET HERE?

Telehealth, or the provision of remote medical care and education by means of telecommunications,¹ expanded rapidly throughout the COVID-19 pandemic, particularly for outpatient psychiatric services. Among individuals with employer-based insurance, there was a 20-fold increase in telehealth service use for mental health needs.² In a recent national survey administered by the American Medical Association, more than two-thirds (69%) of contacted medical practices stated that they intended to sustain telehealth as a permanent fixture of their service portfolio, with more than half of physicians reporting they would continue using telehealth services.³ The benefits of telehealth include increased flexibility and convenience for patients^{4,5,6,7} and improved access to specialty care.^{8,9} During the COVID-19 pandemic, telehealth also bolstered the supply of services when in-person care was restricted.^{10,11}

Citation: McBain, R. K., Schuler, M. S., Qureshi, N., Matthews, S., Kofner, A., Breslau, J., & Cantor, J. H. (2023). Expansion of Telehealth Availability for Mental Health Care After State-Level Policy Changes From 2019 to 2022. *JAMA network open*, 6(6), e2318045. <https://doi.org/10.1001/jamanetworkopen.2023.18045>

General Info & Requirements

Display All

[About the Board's Licensees](#)

[HIPAA](#)

[Telehealth](#)

▶ [About](#)

▶ [Comprehensive Requirements and Applicable Laws](#)

Detailed explanations regarding telehealth requirements, for licensees and registrants, are contained in the following statutes and regulations:

- ▶ California Code of Regulation Title 16 [§1815.5](#): Standards of Practice for Telehealth
- ▶ Business and Professions Code [§2290.5](#)

▶ [Clients in California](#)

This section applies to clients who are physically located in California.

- ▶ Individuals providing psychotherapy or counseling, either in person, via telephone, or via internet, must be licensed in California.

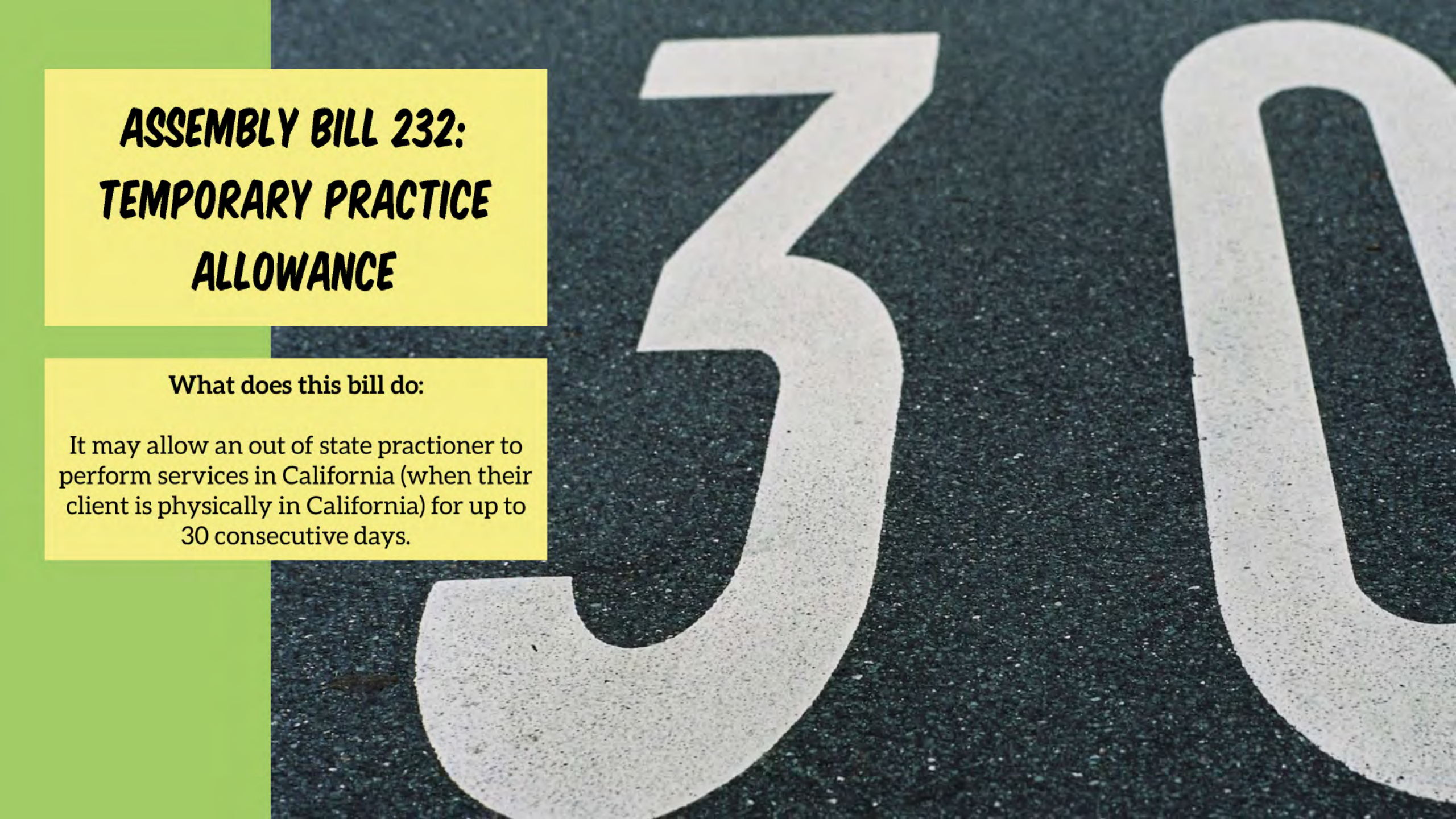
▶ [Clients Outside of California](#)

▶ [Inform and Consent](#)

▶ [Confidentiality](#)

**ASSEMBLY BILL 232:
TEMPORARY PRACTICE
ALLOWANCE**

What do we have now:



**ASSEMBLY BILL 232:
TEMPORARY PRACTICE
ALLOWANCE**

What does this bill do:

It may allow an out of state practitioner to perform services in California (when their client is physically in California) for up to 30 consecutive days.

ASSEMBLY BILL 232: TEMPORARY PRACTICE ALLOWANCE

PART 1: WHO CAN DO THIS?

4980.11. (a) *Notwithstanding Section 4980, a person who holds a license in another jurisdiction of the United States as a marriage and family therapist may provide marriage and family therapy services in this state for a period not to exceed 30 consecutive days in any calendar year, if all of the following conditions are met:*

- (1) The license from another jurisdiction is at the highest level for independent clinical practice in the jurisdiction in which the license was granted.*
- (2) The license from another jurisdiction is current, active, and unrestricted.*
- (3) The client is located in California during the time the person seeks to provide care in California.*
- (4) The client is a current client of the person and has an established, ongoing client-provider relationship with the person at the time the client became located in California.*
- (5) The person informs the client of the limited timeframe of the services and that the person is not licensed in California.*
- (6) The person provides the client with the Board of Behavioral Sciences' internet website address.*
- (7) The person informs the client of the jurisdiction in which the person is licensed and the type of license held and provides the client with the person's license number.*

ASSEMBLY BILL 232: TEMPORARY PRACTICE ALLOWANCE

PART 2: WHAT DO THEY NEED TO DO?

(b) A person who intends to provide marriage and family therapy services pursuant to this section shall provide the board with all of the following information before providing services:

(1) The name under which the person is licensed in another jurisdiction, the person's mailing address, the person's phone number, the person's social security number or individual taxpayer identification number, and the person's electronic mailing address, if the person has an electronic mailing address.

(2) The jurisdiction in which the person is licensed, the type of license held, and the license number.

(3) The date on which the person will begin providing marriage and family therapy services to the person's client in California.

(c) A person who provides services pursuant to this section is deemed to have agreed to practicing under the jurisdiction of the board and to be bound by the laws of this state.

(d) This section does not apply to any person licensed by the board whose license has been suspended or revoked.

(e) This section shall remain in effect only until January 1, 2026, and as of that date is repealed.

**ASSEMBLY BILL 232:
TEMPORARY PRACTICE ALLOWANCE**

EFFECTIVE DATE IS: JANUARY 1ST, 2024

SENATE BILL 43

HOW DID WE GET HERE?



Office of Governor
GAVIN NEWSOM

Citation: <https://www.gov.ca.gov/2023/10/10/modernizing-conservatorship-law-sb43/>

Modernizing Conservatorship Law to Better Help & Protect Californians Most in Need of Care

Published: Oct 10, 2023

WHAT YOU NEED TO KNOW: Governor Newsom signed Senate Bill 43 which significantly updates California's conservatorship laws for the first time in more than 50 years. Californians experiencing serious mental illness or severe substance use disorder and most at-risk of harm to themselves can have a conservator appointed to direct their care – with continued protection of individual rights and increased transparency on data, equity, and outcomes.

SACRAMENTO – Today, Governor Gavin Newsom announced he has signed Senate Bill 43 (Eggman, D-Stockton) to modernize the state's conservatorship laws for the first time in more than 50 years. The law updates the definition for those eligible for conservatorship to include people who are unable to provide for their personal safety or necessary medical care, in addition to food, clothing, or shelter, due to either severe substance use disorder or serious mental health illnesses. The Governor was joined by Senator Susan Talamantes Eggman and mental health advocates and clinicians as he signed Senate Bill 43.



Governor Gavin Newsom: "California is undertaking a major overhaul of our mental health system. The mental health crisis affects us all, and people who need the most help have been too often overlooked. We are working to ensure no one falls through the cracks, and that people get the help they need and the respect they deserve."

SENATE BILL 43: BEHAVIORAL HEALTH

What do we have now:

The Lanterman-Petris-Short Act ("LPS") authorizes involuntary psychiatric treatment in very limited circumstances. The LPS Act was enacted in 1967 and sought to "end the inappropriate, indefinite, and involuntary commitment of persons with mental health disorders." This is the act that describes 5150 and 5250 holds.

Under existing law, the Lanterman-Petris-Short Act, provides for the involuntary commitment and treatment of a person who is a danger to themselves or others or who is gravely disabled. Existing law, for purposes of involuntary commitment, defines "gravely disabled" as *either a condition in which a person, as a result of a mental health disorder, is unable to provide for their basic personal needs for food, clothing, or shelter or has been found mentally incompetent, as specified.*



SENATE BILL 43: BEHAVIORAL HEALTH

What does this bill do:

This bill expands the definition of “gravely disabled” to also include a condition in which a person, as a result of a severe substance use disorder, or a co-occurring mental health disorder and a severe substance use disorder... is unable to provide for their personal safety or necessary medical care, as defined.

The bill would also expand the definition of “gravely disabled,” as it applies to specified sections, to include, in addition to the basic needs described above, the inability for a person to provide for their personal safety or necessary medical care as a result of chronic alcoholism.

(o) "Severe substance use disorder" means a diagnosed substance-related disorder that meets the diagnostic criteria of "severe" as defined in the most current version of the Diagnostic and Statistical Manual of Mental Disorders.

**APPLICATION FOR UP TO 72-HOUR ASSESSMENT, EVALUATION, AND CRISIS INTERVENTION
OR PLACEMENT FOR EVALUATION AND TREATMENT (CONTINUED)**

OPTIONAL INFORMATION

History Provided by (Name)	Address	Phone Number	Relation

Based upon the above information, there is probable cause to believe that said person is, as a result of mental health disorder:

Danger to Self (DTS) **Danger to others (DTO)**
 Gravely disabled (as defined in W&I Code section 5008 or 5585.25)

NOTIFICATIONS TO BE PROVIDED PURSUANT TO SECTION 5152.1 AND/OR 8102 OF THE WELFARE AND INSTUTIONS CODE

Notify behavioral health director/designee: _____ (Name) _____ (Phone)
 and peace officer/designee: _____ (Name) _____ (Phone) of
 person's release or end of detention if either of the boxes below are checked.

NOTIFICATION OF PERSON'S RELEASE IS REQUESTED BY THE REFERRING PEACE OFFICER BECAUSE:

- The person has been referred to the facility under circumstances which, based upon an allegation of facts regarding actions witnessed by the officer or another person, would support the filing of a criminal complaint.
- Weapon was confiscated pursuant to Section 8102 W&I Code.

Signature, title and badge number of peace officer, professional person in charge of the facility designated by the county for evaluation and treatment, member of the attending staff, designated members of a mobile crisis team, or professional person designated by the county.

Name:	Title/Badge Number:	Date:	Phone:
Signature:		Time:	
X			

WHAT DOES THIS CHANGE?

If you are are a designated behavioral health representative who is authorized to place someone on a 72-hour assesment, evaluation and crisis intervention (aka a 5150-Hold) the defintion of gravely disabled is now expanded to include severe substance use disorder.

WHAT IS A 5150 HOLD?

72-Hour “5150” Holds

At the beginning of a hold, you should be taken to a psychiatric hospital or other mental health facility where medical professionals can evaluate you. While in the hospital, staff will determine whether to request a longer hold for treatment, or whether you can be safely released.

The hospital does not need to hold you for the full 72 hours. WIC § 5152. The hospital should release you sooner if they believe that you no longer require evaluation or treatment.

By the end of the 72 hours, one of several things will happen:

- You will have been released, or;
- You will have signed in as a voluntary patient, or;
- You will be put on a 14-day involuntary hold (called “certification for intensive treatment”), or;
- You will be referred for a conservatorship. See “Chapter 2: LPS Conservatorships.”

Your rights during a 72-Hour Hold

An involuntary hold is not a criminal arrest. You maintain certain rights as you are being taken into custody and detained.

AM I DESIGNATED PERSON?

If you are asking then you are probably not eligible.

Welfare and Institute Code 5150 says:

When a person, as a result of a mental health disorder, is a danger to others, or to themselves, or gravely disabled, **a peace officer, professional person in charge of a facility designated by the county for evaluation and treatment, member of the attending staff.. of a facility designated by the county for evaluation and treatment, designated members of a mobile crisis team, or professional person designated by the county may, upon probable cause, take, or cause to be taken, the person into custody for a period of up to 72 hours for assessment, evaluation, and crisis intervention, or placement for evaluation and treatment in a facility designated by the county for evaluation and treatment and approved by the State Department of Health Care Services.**

SENATE BILL 43: BEHAVIORAL HEALTH

EFFECTIVE DATE IS: JANUARY 1ST, 2024, BUT COUNTIES CAN POSTPONE IMPLEMENTATION UNTIL JANUARY 1ST, 2026 AMID CONCERNS ABOUT THE BURDEN IT MIGHT PLACE ON ALREADY CROWDED PSYCHIATRIC FACILITIES

POP QUIZ TIME

**...HOPEFULLY YOU DIDN'T FALL ASLEEP. LET'S SEE
WHAT YOU HAVE HOPEFULLY LEARNED.**

MINOR CHANGES TO MANDATED REPORTING

**Assembly
Bill 391**

**Assembly
Bill 1417**


**Senate
Bill 646**

ASSEMBLY BILL 391

Child Abuse Identification & Reporting Guidelines

Information for school personnel and those who work in our children's schools to be able to identify signs of suspected cases of child abuse and/or child neglect and to have the tools to know how to make a report to the proper authorities.

Reporting Child Abuse or Neglect

Community members have an important role in protecting children from abuse and neglect. While not mandated by law to do so, if child abuse or neglect is suspected, a report should be filed with qualified and experienced agencies that will investigate the situation. Examples of these agencies are listed below. Parents and guardians of pupils have the right to file a complaint against anyone they suspect has engaged in abuse or neglect of a child. **Community members do not need to provide their name when making a report of child abuse or neglect.** Telephone numbers for each county's emergency response for child abuse reporting are located at [California Emergency Response Child Abuse Reporting Telephone Numbers](#)  (PDF).

School volunteers, while not mandated reporters, should also be encouraged to report any suspected cases of abuse and neglect. Additionally, school volunteers are highly encouraged by the law to have training in the identification and reporting of child abuse and neglect. The training offered online to mandated reporters, is equally available to school volunteers.

**HOW DID
WE GET
HERE?**

Citation: <https://www.cde.ca.gov/ls/ss/ap/childabusereportingguide.asp>



EXAMPLE

I am a front desk attendant at a small private practice. A parent calls into the office to set up an appointment and details child abuse. Impassioned and with the best of intent, I call and make an anonymous report to CPS about the abuse.

ASSEMBLY BILL 391: CHILD ABUSE AND NEGLECT: NONMANDATED REPORTERS

What do we have now:

Existing law, the Child Abuse and Neglect Reporting Act, establishes procedures for the reporting and investigation of suspected child abuse or neglect. The act requires certain professionals, including specified health practitioners and social workers, known as mandated reporters, to report known or reasonably suspected child abuse or neglect to a local law enforcement agency or a county welfare or probation department, as specified.

The act authorizes any other person, known as a nonmandated reporter, to report a known or suspected instance of child abuse or neglect to a local law enforcement agency or a county welfare or probation department, as specified. Existing law authorizes a nonmandated reporter to make a report anonymously.

What does this bill do:

This bill would require an agency receiving a report from a nonmandated reporter to ask the reporter to provide specified information, including their name, telephone number, and the information that gave rise to the knowledge or reasonable suspicion of child abuse or neglect. If the reporter refuses to provide their name or telephone number, the bill would require the agency receiving the report to make an effort to determine the basis for the refusal and advise the reporter that the identifying information would remain confidential. By requiring local agencies to gather additional information from nonmandated reporters, this bill would impose a state-mandated local program.



EXAMPLE

I am a front desk attendant at a small private practice. A parent calls into the office to set up an appointment and details child abuse. Impassioned and with the best of intent, I call and attempt to make an anonymous report to CPS about the abuse.

The CPS representative now is asking me for my contact information and wants to know why I am not wanting to provide it.

**WHEN DOES ASSEMBLY BILL 391: CHILD ABUSE AND
NEGLECT: NONMANDATED REPORTERS GO INTO EFFECT?**

EFFECTIVE DATE IS: JANUARY 1ST, 2024

ASSEMBLY BILL 1417

ASSEMBLY BILL 1417: ELDER AND DEPENDENT ADULT ABUSE: MANDATED REPORTING

What do we have now:

Existing law establishes certain procedures for mandated reporters to report known or suspected instances of abuse by telephone followed by a written report, or through a confidential internet reporting tool, as specified.

If the abuse is physical abuse, and the abuse occurred in a long-term care facility...existing law sets forth the reporting conditions, including those relating to the format, timelines, and recipients of the reporting.

Under existing law, the reporting conditions are based on whether or not the suspected abuse results in serious bodily injury, or whether the suspected abuse is allegedly caused by a resident with a physician's diagnosis of dementia and there is no serious bodily injury. If the abuse is not physical abuse, and the abuse occurred in a long-term care facility...existing law requires a telephone report and a written report to be made to the local ombudsperson or the local law enforcement agency.



ASSEMBLY BILL 1417: ELDER AND DEPENDENT ADULT ABUSE: MANDATED REPORTING

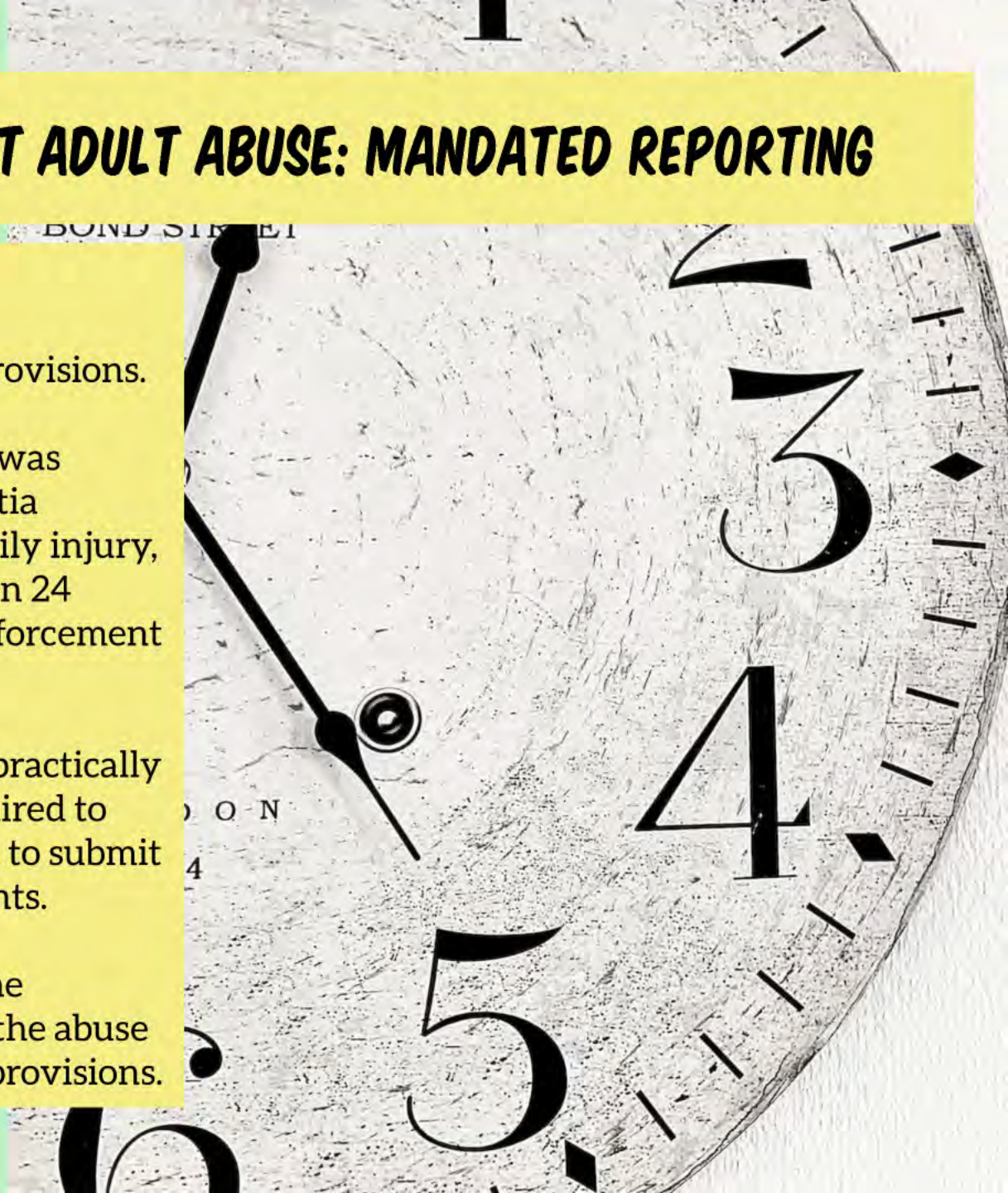
What does this bill do:

This bill would delete and reorganize some of those reporting provisions.

Under the bill, if the abuse that occurred in a long-term facility was allegedly caused by another resident of the facility with dementia diagnosed by a licensed physician and there was no serious bodily injury, the reporter would be required to submit a written report within 24 hours to the long-term care ombudsperson and the local law enforcement agency.

Under the bill, in all other instances, immediately or as soon as practically possible, but no longer than 2 hours, the reporter would be required to submit a verbal report to the local law enforcement agency, and to submit a written report within 24 hours to the aforementioned recipients.

Under the bill, the time limit for reporting would begin when the mandated reporter observes, obtains knowledge of, or suspects the abuse or neglect. The bill would make conforming changes to related provisions.



WHAT DID WE HAVE PREVIOUSLY?

<u>Location of Abuse</u>	<u>Type of Abuse</u>	<u>Additional Comments of Abuse</u>	<u>Perpetrator</u>	<u>Responsibility of Mandated Reporter</u>	<u>Corresponding Law in California Welfare and Institutions Code</u>
Long Term Care Facility	Physical Abuse	Serious Bodily Injury	Anyone	1). Telephone report to local law enforcement immediately or within 2 hours; and 2). File a written report to the local ombudsman, corresponding licensing agency, and local law enforcement withing 2 hours of observing abuse.	15630 (b) (1) (A) (i)
Long Term Care Facility	Physical Abuse	No Serious Bodily Injury	Anyone besides Resident with Dementia	1). Telephone report to local law enforcement agency within 24 hours of the suspected abuse; and 2). File a written report to the local ombudsman, corresponding licensing agency, and local law enforcement withing 24 hours.	15630 (b) (1) (A) (ii)
Long Term Care Facility	Physical Abuse	No Serious Bodily Injury	Resident with Dementia	1). Telephone report to local ombudsman OR local law enforcement immediately or as soon as practically possible; and 2). File a written report to the same party within 24 hours.	15630 (b) (1) (A) (iii)

WHAT DO WE HAVE NOW?

<u>Location of Abuse</u>	<u>Abuse</u>	<u>Additional Comments of Abuse</u>	<u>Perpetrator</u>	<u>Responsibility of Mandated Reporter</u>	<u>Corresponding Law in California Welfare and Institutions Code</u>
Long Term Care Facility	Any Form of Abuse	No Serious Bodily Injury	Abuse was allegedly caused by another resident of the facility with dementia diagnosed by a licensed physician	A mandated reporter shall report the known, suspected, or alleged instance of abuse within 24 hours to both the long-term care ombudsman and the local law enforcement agency.	15630 (b) (1) (A) (i) (I-II)
Long Term Care Facility	Any Form of Abuse	None	Anyone; besides another resident of the facility with dementia diagnosed by a licensed physician unless there is serious bodily injury	A mandated reporter shall immediately or as soon as practically possible verbally report the known, suspected, or alleged instance of abuse to local law enforcement agency immediately or within 2 hours; and submit a written report to the local long-term care ombudsman, local law enforcement agency, AND corresponding state licensing agency within 24 hours.	15630 (b) (1) (A) (ii) (I-III)



WHEN DOES CLOCK START?

~~(iii) When the suspected abuse is allegedly caused by a resident with a physician's diagnosis of dementia, and there is no serious bodily injury, as reasonably determined by the mandated reporter, drawing upon their training or experience, the reporter shall report to the local ombudsman or law enforcement agency by telephone, immediately or as soon as practicably possible, and by written report, within 24 hours. For purposes of this subparagraph, the time limit for reporting begins when the mandated reporter observes, obtains knowledge of, or suspects the abuse or neglect.~~

**WHEN DOES ASSEMBLY BILL 1417: ELDER AND DEPENDENT
ADULT ABUSE: MANDATED REPORTING GO INTO EFFECT?**

EFFECTIVE DATE IS: JANUARY 1ST, 2024

SENATE BILL 646

**HOW DID
WE GET
HERE?**

Sexual Assault Prevention

- [SB 646 - Invasion of privacy: distribution of sexually explicit materials](#): Child sex abuse material is rampant on social media. Too often, victims have no legal recourse for the online distribution of content depicting their abuse. SB 646 gives victims standing in state court by codifying a federal statute that enables legal advocates to bring cases against social media companies that profit or benefit from the distribution of child sex abuse material. (Contact: Michael Haleva)

From: Dave Cortese, Representing Senate District 15,
<https://sd15.senate.ca.gov/2023-2024-legislation>

SHOCKING STATISTICS

The people of the State of California do enact as follows:

1 SECTION 1. The Legislature finds and declares all of the
2 following:

3 (a) Business Insider revealed that, during the global COVID-19
4 pandemic, online child sexual abuse material (CSAM) being posted
5 and sent on social media platforms rose by a shocking 31 percent.
6 This figure comes from the National Center for Missing and
7 Exploited Children (NCMEC).

8 (b) In 2019, it was found that Facebook recorded more CSAM
9 than any other technology platform, and was responsible for 99
10 percent of reports to NCMEC.

11 (c) Facebook claims that from July to September, inclusive,
12 2020, it detected 13,000,000 images alone on Facebook and
13 Instagram, which clearly highlights the severity of this issue and

1 the increasing danger that this poses. These figures that came from
2 NCMEC come from data given to NCMEC by CyberTipline.

3 (d) In 2019, NCMEC's CyberTipline received 16,900,000
4 reports relating to suspected child sexual exploitation. The reports
5 mostly flagged by users of social media platforms or search engines
6 went on to reveal 69,100,000 million images, videos, and files.
7 Fifteen million eight hundred eighty-four thousand five hundred
8 eleven were found on Facebook, 449,283 were found on Google,
9 82,030 were found on Snapchat and 45,726 were found on Twitter.

SENATE BILL 646: INVASION OF PRIVACY: DISTRIBUTION OF SEXUALLY EXPLICIT MATERIALS

What do we have now:

Existing law grants a cause of action against a person who either (1) creates and intentionally discloses sexually explicit material if the person knows or reasonably should have known the depicted individual did not consent to its creation or disclosure or (2) intentionally discloses sexually explicit material that the person did not create if the person knows the depicted individual did not consent to its creation.





SENATE BILL 646: INVASION OF PRIVACY: DISTRIBUTION OF SEXUALLY EXPLICIT MATERIALS

What do we have now:

This bill would allow a person to bring a civil action for damages and injunctive relief *against a person or entity* that distributes, including through electronic distribution, actionable material, unless otherwise specified.

This bill would authorize, in addition to any other damages awarded to a prevailing plaintiff, statutory damages of \$200,000 to be assessed and paid by the defendant for failing to cease distribution of, the material within 2 business days after notice of claimed infringement of these provisions was received by the defendant.

This bill would require a person or entity that operates an online service or internet website that is available in California to list, in a location available to the public via the service or on the internet website, an agent for notification of claimed violation of these provisions. The bill would also require the person or entity to create a method to contact that agent for the purpose of reporting content, as specified.



HOW DOES THIS RELATE TO THERAPIST?

This may be a resource or tool to share with your client, if appropriate, when they are experiencing problematic content being shared on social media. Facebook, etc. is required to discontinue distribution within 2 business days or face up to a \$200,000 fine.

**WHEN DOES SENATE BILL 646: INVASION OF PRIVACY:
DISTRIBUTION OF SEXUALLY EXPLICIT MATERIALS GO
INTO EFFECT?**

EFFECTIVE DATE IS: JANUARY 1ST, 2024

EMPLOYMENT BILLS

**Senate Bill
699**

**Assembly Bill
1076**

**Senate Bill
700**

**Senate Bill
525**

**Senate Bill
616**

**Assembly Bill
783**

**Senate Bill
428**

SENATE BILL 699

Attorney General Bonta Reminds Employers and Workers That Noncompete Agreements Are Not Enforceable Under California Law

Press Release / Attorney General Bonta Reminds Employers and Workers That No...



Tuesday, March 15, 2022

Contact: (916) 210-6000, agpressooffice@doj.ca.gov

Noncompete agreements are widespread, affecting an estimated 20-25% of the nation's labor force

OAKLAND – California Attorney General Rob Bonta today issued an alert reminding employers and workers that noncompete agreements are not enforceable in California. Noncompete agreements generally require workers to refrain from accepting new employment opportunities in a similar line of work or establishing a competing business, usually for a specified period of time and within a geographic area. Although frequently found in high paying, highly technical jobs, these provisions are also found in lower-paying, less technical jobs and can have an adverse impact on labor market mobility and worker compensation. [For example, a 2019 study](#) estimates that 53% of noncompete workers

are non-salaried, hourly wage employees, 14% of whom earn less than \$40,000 a year. Attorney General Bonta reminds both employers and employees that noncompete agreements are prohibited in the state of California, and urges individuals who are wrongfully presented with a noncompete agreement to know their rights.

“Despite being prohibited in California, noncompete provisions are routinely included in employee contracts, including contracts for lower-wage workers. This can have a tremendous effect of deterring workers from pursuing new, and oftentimes better job opportunities,” **said Attorney**

**HOW DID WE
GET HERE?**



HOW DID WE GET HERE CONTINUED?

California law prohibits employers, including those who operate out of state but employ California residents, from enforcing noncompete agreements. Even when invalid, these agreements can discourage workers from seeking new opportunities, causing workers in a variety of professions to mistakenly believe that they cannot pursue or accept a competitor's offer of better pay or working conditions in fear of facing legal repercussions. From software engineers to baristas, those in noncompete agreements may believe that their only option is to continue to work for their current employer. These anticompetitive provisions also harm the economy by depriving businesses of the opportunity to hire workers who may otherwise be available or qualified. Noncompete agreements also prove to be harmful to wages, entrepreneurship, market concentration in the labor force, and equality amongst the workforce.

Noncompete agreements are often buried in fine print and go unmentioned in discussions between workers and employers. Even worse, they are sometimes added to the terms of employment *after* a worker has accepted a job, or even after they have begun work. Workers who have been wrongly presented with, or have entered into a noncompete agreement should report it immediately to the Attorney General's office at oag.ca.gov/report.

Citation: Attorney general Bonta reminds employers and workers that noncompete agreements are not enforceable under California law. State of California - Department of Justice - Office of the Attorney General. (2022, March 15). <https://oag.ca.gov/news/press-releases/attorney-general-bonta-reminds-employers-and-workers-noncompete-agreements-are>

WHAT IS THE SPECIFIC LAW IN THIS AREA?



State of California

BUSINESS AND PROFESSIONS CODE

Section 16600

16600. Except as provided in this chapter, every contract by which anyone is restrained from engaging in a lawful profession, trade, or business of any kind is to that extent void.

(Added by Stats. 1941, Ch. 526.)

WHAT IS A NONCOMPETE CLAUSE?

From the FTC, a non-compete clause means a contractual term between an employer and a worker that prevents the worker from seeking or accepting employment with a person, or operating a business, after the conclusion of the worker's employment with the employer.

Is the FTC trying to ban non-compete clauses?

On July 9, 2021, President Biden signed an executive order intended to promote competition in the American economy that, in part, "encourage[s]" the Federal Trade Commission to "exercise the FTC's statutory rulemaking authority under the Federal Trade Commission Act to curtail the unfair use of non-compete clauses and other clauses or agreements that may unfairly limit worker mobility."

On Jan. 19, 2023, the FTC published its proposed rule on non-compete agreements in the Federal Register. On Jan. 5, 2023, the FTC announced its plans to propose [a rule](#) (RIN: 3084-AB74) barring employers from entering into or enforcing non-compete clauses with employees or independent contractors and requiring companies to nullify any existing ones. The ban would exempt agreements between buyers and sellers of a business entity who have an ownership interest.

The FTC, under Chair Lina Khan, argues that non-competes reduce worker mobility, leading to reduced wages for all workers, not just those with non-competes in their contracts. It calculates that a ban could add almost \$300 billion a year to nationwide wages.

For more information on the FTC's rulemaking, see the agency's [fact sheet](#).

EXAMPLES OF NON-COMPETE CLAUSES

The THERAPIST agrees that for a period of six (6) months following the termination of this Agreement, the THERAPIST will not, without the Company's consent, directly or alone engage in any business which is directly competitive with the business of the Company.

The THERAPIST cannot take clients with them upon departure. If they do they will need to pay the COMPANY 50% of the income earned from this client for one year.





SENATE BILL 699: CONTRACTS IN RESTRAINT OF TRADE

What do we have now:

Existing law voids contractual provisions by which a person is restrained from engaging in a lawful profession, trade, or business of any kind, except as otherwise provided. Existing law provides for enforcement of these provisions exclusively by the Attorney General or other specified local agency attorneys.

What does this bill do:

The bill would prohibit an employer from placing a voidable noncompete clause in a contract with an employee or prospective employee. The bill would establish that an employer who violates that law commits a civil violation. The bill would authorize an employee, former employee, or prospective employee to bring an action to enforce that law for injunctive relief or the recovery of actual damages, or both, and would provide that a prevailing employee, former employee, or prospective employee is entitled to recover reasonable attorney's fees and costs.

WHAT DOES THIS MEAN IN PLAIN ENGLISH?

This bill does 2 things:

- This bill provides that an employer who enters into a contract prohibited by Section 16600 or tries to enforce such a contract “commits a civil violation.”
- This bill creates a private right of action for which the employee can recover attorney’s fees and/or actual damages. The employee no longer has to go through the attorney general.

**WHEN DOES SENATE BILL 699: CONTRACTS IN RESTRAINT
OF TRADE GO INTO EFFECT?**

EFFECTIVE DATE IS: JANUARY 1ST, 2024

ASSEMBLY BILL 1076



Attorney General Bonta Reminds Employers and Workers That Noncompete Agreements Are Not Enforceable Under California Law

Press Release / Attorney General Bonta Reminds Employers and Workers That No...



Tuesday, March 15, 2022

Contact: (916) 210-6000, agpressooffice@doj.ca.gov

Noncompete agreements are widespread, affecting an estimated 20-25% of the nation's labor force

OAKLAND – California Attorney General Rob Bonta today issued an alert reminding employers and workers that noncompete agreements are not enforceable in California. Noncompete agreements generally require workers to refrain from accepting new employment opportunities in a similar line of work or establishing a competing business, usually for a specified period of time and within a geographic area. Although frequently found in high paying, highly technical jobs, these provisions are also found in lower-paying, less technical jobs and can have an adverse impact on labor market mobility and worker compensation. For example, a 2019 study estimates that 53% of noncompete workers are non-salaried, hourly wage employees, 14% of whom earn less than \$40,000 a year. Attorney General Bonta reminds both employers and employees that noncompete agreements are prohibited in the state of California, and urges individuals who are wrongfully presented with a noncompete agreement to know their rights.

“Despite being prohibited in California, noncompete provisions are routinely included in employee contracts, including contracts for lower-wage workers. This can have a tremendous effect of deterring workers from pursuing new, and oftentimes better job opportunities,” said Attorney General Bonta. “As our economy recovers, it is more important than ever for employers and workers in our state to have a system that protects competition in the labor market. Today’s alert is a reminder that noncompete agreements have no place in California.”

**HOW DID WE
GET HERE?**

We had a law that no one was following.

ASSEMBLY BILL 1076: CONTRACTS IN RESTRAINT OF TRADE: NONCOMPETE AGREEMENTS.

What do we have now:

Existing law voids contractual provisions by which a person is restrained from engaging in a lawful profession, trade, or business of any kind, except as otherwise provided. Existing case law, as established in the case of *Edwards v. Arthur Andersen LLP* (2008) 44 Cal.4th 937, interprets this provision to void noncompete agreements in an employment context and noncompete clauses within employment contracts, even if that agreement is narrowly tailored, unless an exception applies.

REPEAT of Senate Bill 699....

A desk with a white sheet of paper, a pen, and a paperclip. The paper is held in place by a black paperclip at the top center. A silver pen is visible on the left side of the paper. The background is a light brown surface.

ASSEMBLY BILL 1076: CONTRACTS IN RESTRAINT OF TRADE: NONCOMPETE AGREEMENTS.

What does this bill do:

This bill would codify existing case law by specifying that the statutory provision voiding noncompete contracts is to be broadly construed to void the application of any noncompete agreement in an employment context, or any noncompete clause in an employment contract, no matter how narrowly tailored, that does not satisfy specified exceptions.

This bill would also make it unlawful to include a noncompete clause in an employment contract, or to require an employee to enter a noncompete agreement, that does not satisfy specified exceptions.

The bill would require employers to notify current and former employees in writing by February 14, 2024, that the noncompete clause or agreement is void, as specified. This bill would make a violation of these provisions an act of unfair competition pursuant to the UCL.

WHAT DOES THE LAW SAY SPECIFICALLY?

SEC. 2. Section 16600.1 is added to the Business and Professions Code, to read:

16600.1. (a) It shall be unlawful to include a noncompete clause in an employment contract, or to require an employee to enter a noncompete agreement, that does not satisfy an exception in this chapter.

(b) (1) For current employees, and for former employees who were employed after January 1, 2022, whose contracts include a noncompete clause, or who were required to enter a noncompete agreement, that does not satisfy an exception to this chapter, the employer shall, by February 14, 2024, notify the employee that the noncompete clause or noncompete agreement is void.

(2) Notice made under this subdivision shall be in the form of a written individualized communication to the employee or former employee, and shall be delivered to the last known address and the email address of the employee or former employee.

(c) A violation of this section constitutes an act of unfair competition within the meaning of Chapter 5 (commencing with Section 17200).

WHAT SHOULD I DO IF I AM NERVOUS OF THIS LAW CHANGE?

- Seek legal counsel if applicable
- Review previous and current contracts to see if this is applicable to you. Also figure out, which employees are impacted
- Potentially remove provisions if necessary
- Notify those employees that may have received a contract that contains a noncompete clause in writing.



**WHEN DOES ASSEMBLY BILL 1076: CONTRACTS IN
RESTRAINT OF TRADE: NONCOMPETE AGREEMENTS GO
INTO EFFECT?**

EFFECTIVE DATE IS: JANUARY 1ST, 2024

SENATE BILL 700



**HOW DID
WE GET
HERE?**

The California Fair Employment and Housing Act (FEHA) prohibits various forms of workplace discrimination. Last year, Assembly Bill (AB) No. 2188 amended FEHA, effective January 1, 2024, to prohibit employers from engaging in any adverse employment action against employees for off-duty marijuana use. This law protected employees current use, but left open a loophole in an employer asking about prior use.

SENATE BILL 700: EMPLOYMENT DISCRIMINATION: CANNABIS USE

What do we have now:

Existing law, the California Fair Employment and Housing Act, prohibits various forms of employment discrimination and empowers the Civil Rights Department to investigate and prosecute complaints alleging unlawful practices. Existing law, on and after January 1, 2024, makes it unlawful for an employer to discriminate against a person in hiring, termination, or any term or condition of employment, or otherwise penalize a person because of the person's use of cannabis off the job and away from the workplace, except as specified.

What does this bill do:

This bill would make it unlawful for an employer to request information from an applicant for employment relating to the applicant's prior use of cannabis, as specified. Under the bill, information about a person's prior cannabis use obtained from the person's criminal history would be exempt from the above-described existing law and bill provisions relating to prior cannabis use if the employer is permitted to consider or inquire about that information under a specified provision of the California Fair Employment and Housing Act or other state or federal law.

A close-up photograph of a cannabis plant with several green, serrated leaves. The leaves are in various stages of growth and are set against a plain white background. The lighting is bright, highlighting the texture and veins of the leaves.

SENATE BILL 700: EMPLOYMENT DISCRIMINATION: CANNABIS USE

Employers may need to review and revise their drug use policies in their employee handbook to comport with the new protections concerning prior cannabis use.

**WHEN DOES SENATE BILL 700: EMPLOYMENT
DISCRIMINATION: CANNABIS USE GO INTO EFFECT?**

EFFECTIVE DATE IS: JANUARY 1ST, 2024

SENATE BILL 525

1182.14. (a) *The Legislature finds and declares as follows:*

(1) Workers in the health care industry, including workers at general acute care hospitals, acute psychiatric hospitals, medical offices and clinics, behavioral health centers, and residential care centers provide vital health care services to California residents, including emergency care, labor and delivery, cancer treatments, and primary and specialty care. Similarly, dialysis clinics provide life-preserving care to patients with end-stage renal disease and are part of the continuum of kidney care that also includes hospitals and health systems. Residents and visitors to the state rely on access to this high-quality health care.

(2) Higher wages are an important means of retaining an experienced workforce and attracting new workers. A stable workforce benefits patients and improves quality of care.

(3) Employers across multiple industries are raising wages. The health care sector in California must offer higher wages to remain competitive.

(4) Members of the health care team such as certified nursing assistants, patient aides, technicians, and food service workers, among many others, are essential to both routine medical care and emergency response efforts.

(5) Even before the COVID pandemic, California was facing an urgent and immediate shortage of health care workers, adversely impacting the health and well-being of Californians, especially economically disadvantaged Californians. The pandemic has worsened these shortages. Higher wages are needed to attract and retain health care workers to treat patients, including being prepared to provide necessary care in an emergency.

(6) The Legislature finds and declares that laws that establish, require, impose, limit or otherwise relate to wages, salary, or compensation affect access to quality health care for all residents of, and visitors to, the state provided by licensed health care facilities, which serve as a critical part of the state's ability to respond to catastrophic emergencies. The Legislature also finds and declares that the time limitations and other provisions established by this section are necessary to stabilize the health care system following the state and federal public health emergencies related to COVID-19, the closure and bankruptcy of licensed health care facilities, and the reduction in vital services by licensed health care facilities due to financial distress and the health care workforce crisis that has resulted in staffing shortages and strain for health care workers. The Legislature further finds and declares that access to quality health care and the stability of the health care system is a matter of statewide concern and is not a municipal affair as that term is used in Section 5 of Article XI of the California Constitution. Therefore, this section occupies the whole field of wages, salary, or compensation for covered health care facility employees, and applies to all cities and counties, including charter cities, charter counties, and charter cities and counties during the stabilization period provided by this section.

**HOW DID WE
GET HERE?**

SENATE BILL 525: MINIMUM WAGES: HEALTH CARE WORKERS.

What do we have now:

Existing law generally requires the minimum wage for all industries to not be less than specified amounts to be increased until it is \$15 per hour commencing January 1, 2022, for employers employing 26 or more employees, and commencing January 1, 2023, for employers employing 25 or fewer employees. Existing law makes a violation of minimum wage requirements a misdemeanor.

What does this bill do:

This bill would establish 5 separate minimum wage schedules for covered health care employees, as defined, depending on the nature of the employer.



SENATE BILL 525: MINIMUM WAGES: HEALTH CARE WORKERS

PAYMENT SCHEDULE PART 1

(c) (1) For any covered health care facility employer with 10,000 or more full-time equivalent employees, any covered health care facility employer that is a part of an integrated health care delivery system or health care system with 10,000 or more full-time equivalent employees, any covered health care facility employer that is a dialysis clinic as defined in subdivision (b) of Section 1204 of the Health and Safety Code or that is a person that owns, controls, or operates a dialysis clinic, or a covered health facility owned, affiliated, or operated by a county with a population of more than 5,000,000 as of January 1, 2023, the minimum wage for all covered health care employees shall be as follows:

(A) From June 1, 2024, to May 31, 2025, inclusive, twenty-three dollars (\$23) per hour.

(B) From June 1, 2025, to May 31, 2026, inclusive, twenty-four dollars (\$24) per hour.

(C) From June 1, 2026, and until adjusted pursuant to subdivision (d), twenty-five dollars (\$25) per hour.

SENATE BILL 525: MINIMUM WAGES: HEALTH CARE WORKERS PAYMENT SCHEDULE PART 2

(2) For any hospital that is a hospital with a high governmental payor mix, an independent hospital with an elevated governmental payor mix, a rural independent covered health care facility, or a covered health care facility that is owned, affiliated, or operated by a county with a population of less than 250,000 as of January 1, 2023, the minimum wage for all covered health care employees shall be as follows:

(A) From June 1, 2024, to May 31, 2033, inclusive, eighteen dollars (\$18) per hour, with 3.5 percent increases annually.

(B) From June 1, 2023, and until adjusted pursuant to subdivision (d), twenty-five (\$25) per hour.

SENATE BILL 525: MINIMUM WAGES: HEALTH CARE WORKERS

PAYMENT SCHEDULE PART 3

(3) (A) For any health care facility specified in clauses (i) to (iv), inclusive, the minimum wage for all covered health care employees shall be as set forth in subparagraph (B).

**primary care
clinic**



(i) A clinic as defined in subdivision (h) of Section 1206 of the Health and Safety Code, that is not operated by or affiliated with a clinic described in subdivision (b) of Section 1206 of the Health and Safety Code.

(ii) A community clinic licensed under subdivision (a) of Section 1204 of the Health and Safety Code, and any associated intermittent clinic exempt from licensure under subdivision (h) of Section 1206 of the Health and Safety Code.

(iii) A rural health clinic, as defined in paragraph (1) of subdivision (l) of Section 1396d of Title 42 of the United States Code, that is not license-exempt.

(iv) An urgent care clinic that is owned by or affiliated with a facility defined in clause (ii) or (iii).

(B) (i) From June 1, 2024, to May 31, 2026, inclusive, twenty-one dollars (\$21) per hour.

(ii) From June 1, 2026, to May 31, 2027, inclusive, twenty-two dollars (\$22) per hour.

(iii) From June 1, 2027, and until adjusted by subdivision (d), twenty-five dollars (\$25) per hour.

SENATE BILL 525: MINIMUM WAGES: HEALTH CARE WORKERS PAYMENT SCHEDULE PART 4

This bill would also separately require, for a licensed skilled nursing facility, as described, the minimum wage for certain other covered health care employees, as described, to be \$21 per hour from June 1, 2024, to May 31, 2026, inclusive, \$23 per hour from June 1, 2026, to May 31, 2028, inclusive, and \$25 per hour from June 1, 2028, and until as adjusted as specified. The bill would make this minimum wage requirement effective only when a patient care minimum spending requirement applicable to skilled nursing facilities is in effect.

SENATE BILL 525: MINIMUM WAGES: HEALTH CARE WORKERS PAYMENT SCHEDULE PART 5

(4) For all other covered health care facility employers, the minimum wage for all covered health care employees shall be as follows:

(A) From June 1, 2024, to May 31, 2026, inclusive, twenty-one dollars (\$21) per hour.

(B) From June 1, 2026, to May 31, 2028, inclusive, twenty-three dollars (\$23) per hour.

(C) From June 1, 2028, and until adjusted pursuant to subdivision (d), twenty-five dollars (\$25) per hour.

**SENATE BILL 525:
MINIMUM WAGES:
HEALTH CARE WORKERS
EVERYTHING ELSE
INCLUDES....**

(3) (A) "Covered health care facility" means any of the following:

(i) A facility or other work site that is part of an integrated health care delivery system.

(ii) A licensed general acute care hospital, as defined in subdivision (a) of Section 1250 of the Health and Safety Code, including a distinct part of any such hospital.

(iii) A licensed acute psychiatric hospital, as defined in subdivision (b) of Section 1250 of the Health and Safety Code, including a distinct part of any such hospital.

(iv) A special hospital, as defined in subdivision (f) of Section 1250 of the Health and Safety Code.

(v) A licensed skilled nursing facility, as defined in subdivision (c) of Section 1250 of the Health and Safety Code, if owned, operated, or controlled by a hospital or integrated health care delivery system or health care system.

(vi) A patient's home when health care services are delivered by an entity owned or operated by a general acute care hospital or acute psychiatric hospital.

(vii) A licensed home health agency, as defined in subdivision (a) of Section 1727 of the Health and Safety Code.

(viii) A clinic, as defined in subdivision (b) of Section 1204 of the Health and Safety Code, including a specialty care clinic, or a dialysis clinic.

(ix) A psychology clinic, as defined in Section 1204.1 of the Health and Safety Code.

(x) A clinic as defined in subdivision (d), (g), or (l) of Section 1206 of the Health and Safety Code.

(xi) A licensed residential care facility for the elderly, as defined in Section 1569.2 of the Health and Safety Code, if affiliated with an acute care provider or owned, operated, or controlled by a general acute care hospital, acute psychiatric hospital, or the parent entity of a general acute care hospital or acute psychiatric hospital.

(xii) A psychiatric health facility, as defined in Section 1250.2 of the Health and Safety Code.

(xiii) A mental health rehabilitation center, as defined in Section 5675 of the Welfare and Institutions Code.

(xiv) A community clinic licensed under subdivision (a) of Section 1204 of the Health and Safety Code, an intermittent clinic exempt from licensure under subdivision (h) of Section 1206 of the Health and Safety Code, or a clinic operated by the state or any of its political subdivisions, including, but not limited to, the University of California or a city or county that is exempt from licensure under subdivision (b) of Section 1206 of the Health and Safety Code.

(xv) A rural health clinic, as defined in paragraph (1) of subdivision (l) of Section 1396d of Title 42 of the United States Code.

(xvi) An urgent care clinic.

(xvii) An ambulatory surgical center that is certified to participate in the Medicare Program under Title XVIII (42 U.S.C. Sec. 1395 et seq.) of the federal Social Security Act.

(xviii) A physician group.

(xix) A county correctional facility that provides health care services.

(xx) A county mental health facility.

DOES THIS IMPACT ME? TRAINEES? ASSOCIATES?

...to be determined. Clean up urgency legislation is likely to happen.

-The first implementation of this law is not until June 1st, 2024.

-If you are a hospital this is likely to impact you.

-If you are a county contractor this is likely to impact you. Talk to your county.

-If you are grant funded, a private practice, a non-profit organization. Stay tuned. Talk to your own legal counsel about how best to structure your organization.



WHEN DOES BILL GO INTO EFFECT?

EFFECTIVE DATE IS: VARIOUS

SENATE BILL 616

HOW DID WE GET HERE?

Source: <https://bakersfieldnow.com/news/local/gov-newsom-signs-sb-616-extending-paid-sick-days-for-california-workers-bill-state-news>

BAKERSFIELD, Calif. (KBAK/FOX58) — Workers just got two more sick paid days per year, expanded from three per year when Gov. Gavin Newsom signed SB 616, his office announced on Wednesday, Oct. 4.

Gov. Newsom's Office stated why the bill is important:

- Working sick costs the national economy **\$273 billion annually in lost productivity**.
- Two days of unpaid sick time is nearly the equivalent of a **month's worth of groceries**.
- Offering sick days helps save employers money through improved productivity and morale, as well as reduced presenteeism and turnover.
- Increasing access to paid sick days **reduces health care costs**, with evidence showing that when workers have paid sick days such costs go down and workers' health benefits.

"Too many folks are still having to choose between skipping a day's pay and taking care of themselves or their family members when they get sick," stated Gov. Newsom. "We're making it known that the health and wellbeing of workers and their families is of the utmost importance for California's future."

**DOES THIS LAW APPLY TO ME?
MOST LIKELY YES.**

246. (a) (1) An employee who, on or after July 1, 2015, works in California for the same employer for 30 or more days within a year from the commencement of employment is entitled to paid sick days as specified in this section. For an individual provider of waiver personal care services under Section 14132.97 of the Welfare and Institutions Code who also provides in-home supportive services in an applicable month, eligibility shall be determined based on the aggregate number of monthly hours worked between in-home supportive services and waiver personal care services pursuant to subdivision (d) of Section 14132.971.



SENATE BILL 616: SICK DAYS: PAID SICK DAYS ACCRUAL AND USE.

What do we have now:

Existing law entitles an employee to paid sick days for certain purposes if the employee works in California for 30 or more days within a year from the commencement of employment.

Existing law requires the leave to be accrued at a rate of no less than one hour for every 30 hours worked, and to be available for use beginning on the 90th day of employment.

Existing law authorizes an employer to limit an employee's use of accrued paid sick days to 24 hours or 3 days in each year of employment, calendar year, or 12-month period.

Existing law defines "full amount of leave" for these purposes to mean 3 days or 24 hours.





SENATE BILL 616: SICK DAYS: PAID SICK DAYS ACCRUAL AND USE.

What does this bill do:

The bill would modify that satisfaction provision to authorize an employer to satisfy accrual requirements by providing not less than 40 hours or 5 days of paid sick leave that is available to the employee to use by the completion of the employee's 200th calendar day of employment.

This bill would raise the employer's authorized limitation on the use of carryover sick leave to 40 hours or 5 days in each year of employment. The bill would redefine "full amount of leave" to mean 5 days or 40 hours.



SENATE BILL 616: SICK DAYS: PAID SICK DAYS ACCRUAL AND USE.

Employers may need to review and revise their earned sick leave policies in their employee handbook to comport with the increased protections created by this bill.

WHEN DOES BILL GO INTO EFFECT?

EFFECTIVE DATE IS: JANUARY 1ST, 2024

ASSEMBLY BILL 783

HOW DID WE GET HERE?

Back in 2016, Ting introduced [AB 1732](#), which required single-occupancy restrooms in California businesses, government buildings, and public spaces to be identified as “all gender.” It was signed later that year into law.

According to Ting, although that bill authorizes an inspector, a building official, or another local official responsible for code enforcement to inspect businesses for compliance, it did not include an enforcement mechanism. The author and sponsor of this bill argue that there is anecdotal evidence that some businesses are not complying with the AB 1732 law. This bill seeks to improve compliance by ensuring that businesses are aware of the existing requirements, which the author believes “would help reduce inequities experienced by the LGBTQ+ community, women, and people living with disabilities by ensuring equal access to restrooms.

According to Ting:

“Restrooms are a necessity of life, and access to them influences our ability to participate in public life. Restricting access to single-occupancy restrooms by gender creates problems of safety, fairness, and convenience. This issue disproportionately impacts members of the LGBTQ+ community, women, and parents and caretakers of dependents of the opposite gender. My bill, AB 1732, passed in 2016 and required all single-occupancy restrooms in businesses, government buildings, and places of public accommodation be available to everyone. Now, we must enforce existing law to ensure equal access to this solitary room. All-gender single-occupancy restroom facilities benefit everyone. [This bill] is an important follow-up to that landmark legislation that ensures businesses are complying with the law by requiring cities to issue written notice to business license applicants that all single-occupancy restrooms be designated as ‘all-gender.’”

Source: <https://contracosta.news/2023/09/25/bill-mandates-all-single-user-restrooms-be-identified-as-all-gender/>

SENATE BILL 783: BUSINESS LICENSES: SINGLE-USER RESTROOMS.

What do we have now:

Existing law authorizes the legislative body to license businesses carried on within their respective jurisdictions and to set license fees as specified.

Existing law requires all single-user toilet facilities in any business establishment, place of public accommodation, or government agency to be identified as all-gender toilet facilities, as specified.



SENATE BILL 783: BUSINESS LICENSES: SINGLE-USER RESTROOMS.

What does this bill do:

This bill would require a city, county, or city and county that issues business licenses, equivalent instruments, or permits within its jurisdiction to provide written notice to each applicant for a new or renewed business license, equivalent instrument, or permit of the requirement that all single-user toilet facilities in any business establishment, place of public accommodation, or government agency be identified as all-gender toilet facilities. By increasing the duties of local officials, this bill would impose a state-mandated local program.




HOW DOES THIS IMPACT ME?

You will need to make sure that your single-user toilet facilities has a sign that states it is an "all-gender toilet facility." This bill increases awareness, which in turn will increase the demand for compliance.



RESTROOMS

Overall Pick 



Tablecraft-695653 Gender Neutral, Handicap Accessible Sign, Plastic, White on Black-Braille, 6x9" - Black and White

★★★★★ ~ 147

50+ bought in past month

\$7³⁹

 One-Day

FREE delivery **Tomorrow, Nov 16**

Or FREE delivery **Overnight 4 AM - 8 AM**

on \$25 of qualifying items

**CHECK WITH BUILDING
MANAGER FIRST AS THEY WILL
LIKELY INSTALL IT.**

IF NOT-- AMAZON HAS IT!

WHEN DOES BILL GO INTO EFFECT?

EFFECTIVE DATE IS: JANUARY 1ST, 2024

SENATE BILL 428

HOW DID WE GET HERE?

SB 428

California law currently enables an employer to seek a temporary restraining order to protect employees from a person who has engaged in violence or has made a credible threat of violence. Pursuant to California Code of Civil Procedure Section 527.8, an employer may file a petition for a temporary restraining order to protect employees and their immediate family members.

For example, if a disgruntled former employee sends a text message threatening to attack an employee, the employer may seek a court order to keep the threatening individual away from the workplace, the employee's home, and other locations and prohibit the individual from communicating with the employee in any way. If the individual violates the order, the police are authorized to arrest him or her and criminal prosecution may ensue.

While existing law has provided one remedy for employers to try to safeguard employees, the law covers a limited scope of misconduct that primarily is related to violence or threats of violence. When the behavior has not involved violence or threats of violence, courts typically have been less inclined to grant restraining orders.

Source: <https://www.natlawreview.com/article/california-workplace-violence-restraining-order-law-expanded-protect-against>

SENATE BILL 428: TEMPORARY RESTRAINING ORDERS AND PROTECTIVE ORDERS: EMPLOYEE HARASSMENT.

What do we have now:

Existing law authorizes any employer, whose employee has suffered unlawful violence or a credible threat of violence from any individual that can reasonably be construed to be carried out or to have been carried out at the workplace, to seek a temporary restraining order and an injunction on behalf of the employee and other employees of the employer.

Existing law requires an employer seeking a temporary restraining order to show reasonable proof that an employee has suffered unlawful violence or a credible threat of violence and that a great or irreparable harm would result to an employee if the order is not issued.





SENATE BILL 428: TEMPORARY RESTRAINING ORDERS AND PROTECTIVE ORDERS: EMPLOYEE HARASSMENT.

What does this bill do:

This bill would additionally authorize any employer whose employee has suffered harassment, as defined, to seek a temporary restraining order and an injunction on behalf of the employee and other employees upon a showing of clear and convincing evidence that an employee has suffered harassment, that great or irreparable harm would result to an employee, and that the respondent's course of conduct served no legitimate purpose. The bill would also require an employer seeking such a temporary restraining order to provide the employee whose protection is sought the opportunity to decline to be named in the order, before the filing of the petition.

WHAT IS THE DEFINITION OF HARASSMENT?

SEC. 2. Section 527.8 is added to the Code of Civil Procedure, to read:

527.8. (a) Any employer, whose employee has suffered harassment, unlawful violence, or a credible threat of violence from any individual, that can reasonably be construed to be carried out or to have been carried out at the workplace, may seek a temporary restraining order and an order after hearing on behalf of the employee and, at the discretion of the court, any number of other employees at the workplace, and, if appropriate, other employees at other workplaces of the employer.

(b) For purposes of this section:

(1) "Course of conduct" is a pattern of conduct composed of a series of acts over a period of time, however short, evidencing a continuity of purpose, including following or stalking an employee to or from the place of work; entering the workplace; following an employee during hours of employment; making telephone calls to an employee; or sending correspondence to an employee by any means, including, but not limited to, the use of the public or private mails, interoffice mail, facsimile, or computer email.

(2) "Credible threat of violence" is a knowing and willful statement or course of conduct that would place a reasonable person in fear for their safety, or the safety of their immediate family, and that serves no legitimate purpose.

(3) "Employer" and "employee" mean persons defined in Section 350 of the Labor Code. "Employer" also includes a federal agency, the state, a state agency, a city, county, or district, and a private, public, or quasi-public corporation, or any public agency thereof or therein. "Employee" also includes the members of boards of directors of private, public, and quasi-public corporations and elected and appointed public officers. For purposes of this section only, "employee" also includes a volunteer or independent contractor who performs services for the employer at the employer's worksite.

(4) "Harassment" is a knowing and willful course of conduct directed at a specific person that seriously alarms, annoys, or harasses the person, and that serves no legitimate purpose. The course of conduct must be that which would cause a reasonable person to suffer substantial emotional distress, and must actually cause substantial emotional distress.

EXAMPLE

The legislative history for SB 428 provides the following example of this limitation:

[A] sixty-five-year-old man became obsessed with a twenty-four year-old employee. He repeatedly came to her place [of] business and at times called her up to 100 times for [sic] day for months. He was not threatening her with violence initially. He wanted her attention and told her that he was in love. Until there was a threat of violence which eventually occurred, both the victim and the business felt helpless to protect the victim. Ultimately, this defendant's repeated rejections lead [sic] him to threaten violence.

This bill would allow the business to attempt to get a restraining order to stop the 100 calls a day.



Workplace Violence Restraining Order (WVRO) Step 1 Packet

Sacramento Superior Court
Civil Self-Help Services

For protection from threats made to
an employee at their workplace.

WHAT DOES THIS LOOK LIKE PRACTICALLY?

Check with county in your area
for workplace violence
restraining order.

The following forms are required for WVRO and are
included in this packet.

- WV-100** — Request for Workplace Violence Restraining Order
- WV-109** — Notice of Hearing
- WV-110** — Temporary Restraining Order
- WV-130** — Order After Hearing
- CLETS-001** — Confidential CLETS Information

There is no form-filler for
Workplace Violence Restraining Orders.
The attached forms are fillable .pdfs.

There is a \$435 filing fee for this
petition unless you qualify for a
Fee Waiver

**A Workplace Violence Restraining Order can only be
requested by a business owner on behalf of their
employee(s). The threats or acts of violence against the
employee must have happened at the workplace.**

**Employees cannot ask for a
Workplace Violence Restraining Order.**

For more information, see
WV-100-INFO—How Do I Get an Order to Prohibit Workplace Violence?

SENATE BILL 428: TEMPORARY RESTRAINING ORDERS AND PROTECTIVE ORDERS: EMPLOYEE HARASSMENT.

It is highly recommended that any employer seeking a restraining order speak with an attorney about pursuing this option. Often times those that would need to be restrained are clients. With clients being protected by the psychotherapist-patient privilege business owners have to make sure they balance the information shared with their responsibility to keep confidentiality. The law will allow the owner to pursue this avenue, but its a tightrope.



WHEN DOES BILL GO INTO EFFECT?

EFFECTIVE DATE IS: JANUARY 1ST, 2025



**Senate
Bill 71**

SENATE BILL 71: JURISDICTION: SMALL CLAIMS AND LIMITED CIVIL CASE

What do we have now:

Existing law provides that the small claims court has jurisdiction over actions seeking certain forms of relief, including money damages in specified amounts and claims brought by natural persons, not exceeding \$10,000, except as specified.

What does this bill do:

This bill would increase the small claims court jurisdiction over actions brought by a natural person, if the amount does not exceed \$12,500, except as specified.



WHEN DOES SENATE BILL 71: JURISDICTION: SMALL CLAIMS AND LIMITED CIVIL CASE GO INTO EFFECT?

EFFECTIVE DATE IS: JANUARY 1ST, 2024

A close-up photograph of a dark-colored laptop keyboard. A bright yellow sticky note is placed diagonally across the keyboard. On the sticky note, the word "MEDICARE" is written in a bold, black, sans-serif font. The background shows several keys including Q, W, E, R, A, S, D, F, Z, X, C, and the Windows logo key.

MEDICARE

HOW DID THIS COME ABOUT?

Marriage and Family Therapists (MFT) and Mental Health Counselors (MHC)
Provider Enrollment Frequently Asked Questions (FAQs)
September 2023



MFT and MHC Benefit

1. Does Medicare recognize Marriage and Family Therapists (MFTs) and Mental Health Counselors (MHCs)?

Section 4121 of Division FF of the Consolidated Appropriations Act, 2023 (CAA, 2023), establishes a new Medicare benefit category for MFT and MHC services furnished by and directly billed by MFTs and MHCs. Payment for MFT and MHC services under Part B of the Medicare program will begin January 1, 2024.

LICENSEES? ASSOCIATES? TRAINEES?

Medicare program will begin January 1, 2024.

2. How does Medicare define MFTs?

Section 4121 Division FF of the CAA, 2023, defines MFT services as services for the diagnosis and treatment of mental illnesses (other than services furnished to an inpatient of a hospital). An MFT is an individual who:

- Possesses a master's or doctorate degree which qualifies for licensure or certification as a MFT under State law of the State in which such individual furnishes marriage and family therapist services,
- Is licensed or certified as an MFT by the State in which they furnish services,
- Has performed at least 2 years of clinical supervised experience in marriage and family therapy or mental health counseling after obtaining the degree referenced above, and
- Meets other requirements as the Secretary of Health and Human Services (HHS) determines appropriate.

Only those that are licensed may qualify.

CAN I IGNORE THIS? NO



WHAT ARE THE OPTIONS AS A LICENSED THERAPIST?

You have to select from the following options:

1. Become a Original Fee-For-Service Medicare Provider
2. Become a Medicare Advantage Provider
3. Become BOTH Fee-For-Service and Medicare Advantage Provider
4. Opt-Out of Medicare

YES

NO

WILLEM BUUS 1977



WHAT IS FEE-FOR-SERVICE MEDICARE?

Also known as Medicare Part B
Also known as Original Medicare

Fee-For-Service is medical insurance that helps cover physician services, outpatient care, and other medical services not covered by Medicare Part A. Part B also covers some preventative services. This plan is managed by the federal government.

WHAT IS MEDICARE ADVANTAGE?

Also known as Medicare Part C
Also known as MA

Medicare Advantage allows Medicare beneficiaries to enroll in private plans such as managed care, instead of receiving care on a fee-for-service basis. Private health plans are regulated and reimbursed by the federal government.

There are different types of MA plans including the following:

- Private Fee for Service
- HMO
- Medical Savings Account Plan
- Preferred Provider Organization
- Special Needs Plan

The background of the slide shows two individuals from the chest up, wearing winter jackets. The person on the left is wearing a dark green jacket, and the person on the right is wearing a dark jacket with a white fur-lined collar. They appear to be outdoors in a cold environment.

***IF YOU ARE CREDENTIALLED WITH AN INSURANCE COMPANY
THEY MAY OFFER A MEDICARE ADVANTAGE POLICY***

Providers may include: Aetna, Allignment Health Plan, Anthem Blue Cross, Aspire Health, Astiva Heath, Blue Shield of California, Brand New Day, Central Health Medicare Plan, Chinese Community Health Plan, Clever Care Health Plan, Essence Healthcare, Humana, Imperial Health Plan of California, Innovative Integrated Health Community Plan, Kaiser Permanente, Molina Healthcare of California, SCAN Health Plan, SHARP Health Plan, OptumHealth, Wellcare

WHAT AM I GOING TO BE PAID AS A FEE-FOR-SERVICE PROVIDER?

Medicare Fee-For-Service reimburses LCSWs, LMFTs, and LMHCs for psychotherapy services at 80 percent of the lesser of the actual charge for the services or 75 percent of the amount determined for clinical psychologist services.

Search the Physician Fee Schedule

Data Updated: 10/01/2023

Use this search to view adjusted pricing amounts that reflect variations in pricing costs from area to area.

[Download Excel File for any Year of the PFS RVU with Conversion Factor File](#)

[Download CSV-TXT File for any Year of the PFS National Payment Amount File](#)

Select search parameters.

Year

2023

[See notes for selected year](#)

Type of Information

All

Select Healthcare Common Procedural Coding System (HCPCS) criteria.

HCPCS Criteria

Single HCPCS Code

HCPCS Code

90834

Modifier

All Modifiers

Select Medicare Administrative Contractor (MAC) option.

MAC Option

Specific MAC

Specific MAC

01112 NORTHERN CALIFORNIA

Start typing or use ARROW keys to change options, ENTER key to make a selection, ESC to dismiss.

Search fees

Reset search inputs

EXAMPLE

To get an idea of what those payments amount to, members can use CMS's provider payment look-up tool to determine what psychologists are typically paid for psychotherapy services. For example, prospective Medicare providers can do a search for what a clinical psychologist (CP) is paid for a 50-minute session (90834).

In Northern California, a CP would receive \$114 for a 50-minute session. This means, Medicare would pay LMFTs and LMHCs 75% of the \$114 paid to the CP or \$85.5

The rates under the CY 2024 Medicare PFS final rule went down not up in.

Search Results

Showing 1 - 10 of 25

Items per page: 1

HCPCS Code ▲	Modifier ▲	Short Description ▼	Mac Locality ▲	Non-Facility Price ▼	Facility Price ▼	Non-Facility Limiting Charge ▼	Facility Limiting Charge ▼	GPCI Work ▼	GP PE
90834		Psytx w pt 45 minutes	0111205	\$113.32	\$97.02	\$123.80	\$105.99	1.082	1.3
90834		Psytx w pt 45 minutes	0111206	\$113.32	\$97.02	\$123.80	\$105.99	1.082	1.3
90834		Psytx w pt 45 minutes	0111207	\$113.32	\$97.02	\$123.80	\$105.99	1.082	1.3
90834		Psytx w pt 45 minutes	0111209	\$115.23	\$98.52	\$125.89	\$107.63	1.098	1.4
90834		Psytx w pt 45 minutes	0111251	\$108.69	\$93.68	\$118.74	\$102.35	1.051	1.2
90834		Psytx w pt 45 minutes	0111252	\$113.39	\$97.09	\$123.88	\$106.07	1.082	1.3
90834		Psytx w pt 45 minutes	0111253	\$108.63	\$93.63	\$118.68	\$102.29	1.051	1.2
90834		Psytx w pt 45 minutes	0111254	\$103.14	\$90.34	\$112.68	\$98.69	1.027	1.0
90834		Psytx w pt 45 minutes	0111255	\$102.45	\$89.65	\$111.92	\$97.94	1.021	1.0
90834		Psytx w pt 45 minutes	0111256	\$102.45	\$89.65	\$111.92	\$97.94	1.021	1.0

CAN I CHARGE A CLIENT MORE SINCE THE RATE IS TOO LOW FOR ME?

When reviewing Medicare reimbursement rates, prospective Medicare providers should be aware that psychotherapists who enroll and participate as **Medicare providers agree to accept Medicare's payment as payment in full**. This means Medicare participating providers cannot collect more from patients than their Medicare deductibles, co-insurances, and co-payments (i.e., they cannot balance-bill patients).





HOW WILL I BE PAID?

The Administrative Simplification Compliance Act (ASCA) requires that Medicare claims be sent electronically unless certain exceptions are met.

All Medicare Fee-For-Service providers must receive Medicare payments via EFT. Providers must include a copy of a voided check or bank letter verifying account information.

**BILLING INSURANCE
ELECTRONICALLY...
WHY DOES THAT SOUND
FAMILIAR....**

If you are not a HIPAA covered entity, if you become a Medicare Fee-For-Service provider you will become one.

Are You a Covered Entity

📅 August 1, 2010 📄 David Jensen, JD, former Staff Attorney

Understanding health care providers.

Updated August 2010 by David Jensen, JD, former CAMFT Staff Attorney

Understanding which health care providers are and who are not covered entities is important because such entities must comply with HIPAA, a complex body of federal regulations. Health care providers who are covered entities must comply with all of HIPAA's and its component parts, which will necessitate expenditures of time and some money. But, if you are a health care provider who is not a covered entity, then you do not have to comply with HIPAA, unless you choose to do so.

Covered Entities

To be a covered entity, a health care provider must transmit health information in electronic form in connection with certain administrative and financial transactions.² Notice that the definition of a covered entity, with respect to providers, includes three sub-questions that must be answered before you can answer the ultimate question of whether you, as a health care provider, are a "covered entity." Those three sub-questions are: (1) are you a health care provider? (2) do you transmit information electronically? and, (3) do you conduct covered transactions?

For you to be a covered entity, you must answer yes to each of the questions listed above, or someone, such as a billing service, must conduct these transactions electronically on your behalf. If you only answer yes to one or two of them, or if you do not employ someone to conduct the covered transactions on your behalf, then you are not a covered entity and HIPAA does not apply to you.

Are You a Health Care Provider?

To determine if you are a covered entity, the first question you have to answer is: are you a health care provider? A "health care provider" is any person who furnishes, bills, or is paid for health care in the regular course of their business.² Included within the definition of health care is rendering counseling for mental conditions.³ Consequently, marriage and family therapists, interns, and trainees are health care providers within the meaning of HIPAA.

Do You Transmit Information Electronically?

Assuming you are a health care provider, to determine if you are a covered entity the second question that you must

IS THIS THE SAME RATE FOR MEDICARE ADVANTAGE? OR AM I GOING TO RECEIVE A DIFFERENT RATE?

In this analysis of 144 million claims for common services from 2007 to 2012, physician reimbursement in Medicare Advantage was more strongly tied to traditional Medicare rates than to negotiated commercial prices, although Medicare Advantage plans tended to pay physicians less than traditional Medicare. However, Medicare Advantage plans take advantage of the commercial market's favorable pricing for services for which traditional Medicare overpays, including laboratory tests and durable medical equipment.

Citation: Trish E, Ginsburg P, Gascue L, Joyce G. Physician Reimbursement in Medicare Advantage Compared With Traditional Medicare and Commercial Health Insurance. JAMA Intern Med. 2017 Sep 1;177(9):1287-1295. doi: 10.1001/jamainternmed.2017.2679. PMID: 28692718; PMCID: PMC5710575.

SIGN ME UP! I WANT TO DO THIS...HOW DO I GET STARTED....

Click to edit text

Signees

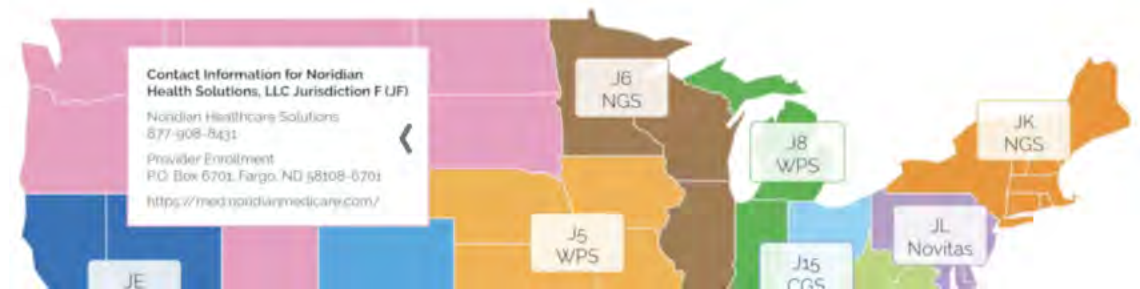
- [My Dashboard](#)
- [Profile Update](#) +
- [Private Practice Corner](#)
- [Portability Charts](#)
- [Medicare Corner](#)
- [Telehealth Corner](#)
- [Legal Team Consultation](#)
- [Insurance Corner](#) +
- [Sample Practice Forms](#)
- [EBSCOhost](#)
- [CAMFT Strategic Plan](#)
- [Membership Directory](#)
- [Committee Directory](#)
- [Transaction History](#)



Dear CAMFT Members,

Since December of 2023, CAMFT has been focused on educating the Centers for Medicare and Medicaid Services (CMS), the federal regulatory agency charged with administering the Medicare program, about LMFTs' education, training and experience. We have been advocating for LMFTs' full inclusion in the Medicare system, helping to shape the regulations that describe how LMFTs are being brought into the program.

[Read More](#)



Contact Information for Noridian Health Solutions, LLC Jurisdiction F (UF)

Noridian Healthcare Solutions
877-908-8431

Provider Enrollment
P.O. Box 6701, Fargo, ND 58108-6701
<https://med.noridianmedicare.com/>

**FIRST THING...
GO TO CAMFT...**



Medicare Corner



Enrolling As a Medicare Provider:

Step 1: Register with the I&A System



Step 2: Apply for an NPI or NPIs



Step 3: Apply Using PECOS or the Paper Application(s)



Step 4 : Respond to Requests for Information and Keep Your Information



[Back to Medicare Corner](#)

STEP 1 MEDICARE FEE-FOR-SERVICE PROVIDER ENROLLMENT: REGISTER WITH THE I&A

Register/create an account with the Identity and Access Management System (AKA I&A System). The I&A System lets you create one user account to manage access to CMS systems such as National Plan & Provider Enumeration System (NPPES) and the Provider Enrollment, Chain, and Ownership System (PECOS).

[EHR Business Function in I&A](#)

Starting October 1, 2023, the Promoting Interoperability Programs (previously known as The Medicare and Medicaid Electronic Health Records (EHR) Incentive Programs) website will be decommissioned and current users will no longer have access to the website. All options to add the EHR business function to staff will be removed in I&A and all pending requests for EHR will be rejected.

Authorized users are able to sign in to the Identity & Access Management System. If you are a new user you must first [register](#).

Sign In

* indicates required field(s)

* **User ID:**

* **Password:**

Sign In 

[? Forgot Password](#)

[? Retrieve Forgotten User ID](#)

[? Enter your PIN](#)


One account to access multiple systems

Create one account with the Identity & Access Management System to manage access to NPPES and PECOS, manage staff, and authorize others to access your information.

IMPORTANT! - Every individual user with access to the I&A system is responsible for:

- Keeping login information secure.
- Selecting strong passwords.
- Reporting any unauthorized use of accounts.

Sharing of login information is strictly prohibited!

Create Account Now 



Use this system to register for Medicare or update your current enrollment information.



Use this system to apply for and manage National Provider Identifiers (NPIs).



Quick Reference Guide

Overview of features and tools to manage your account.

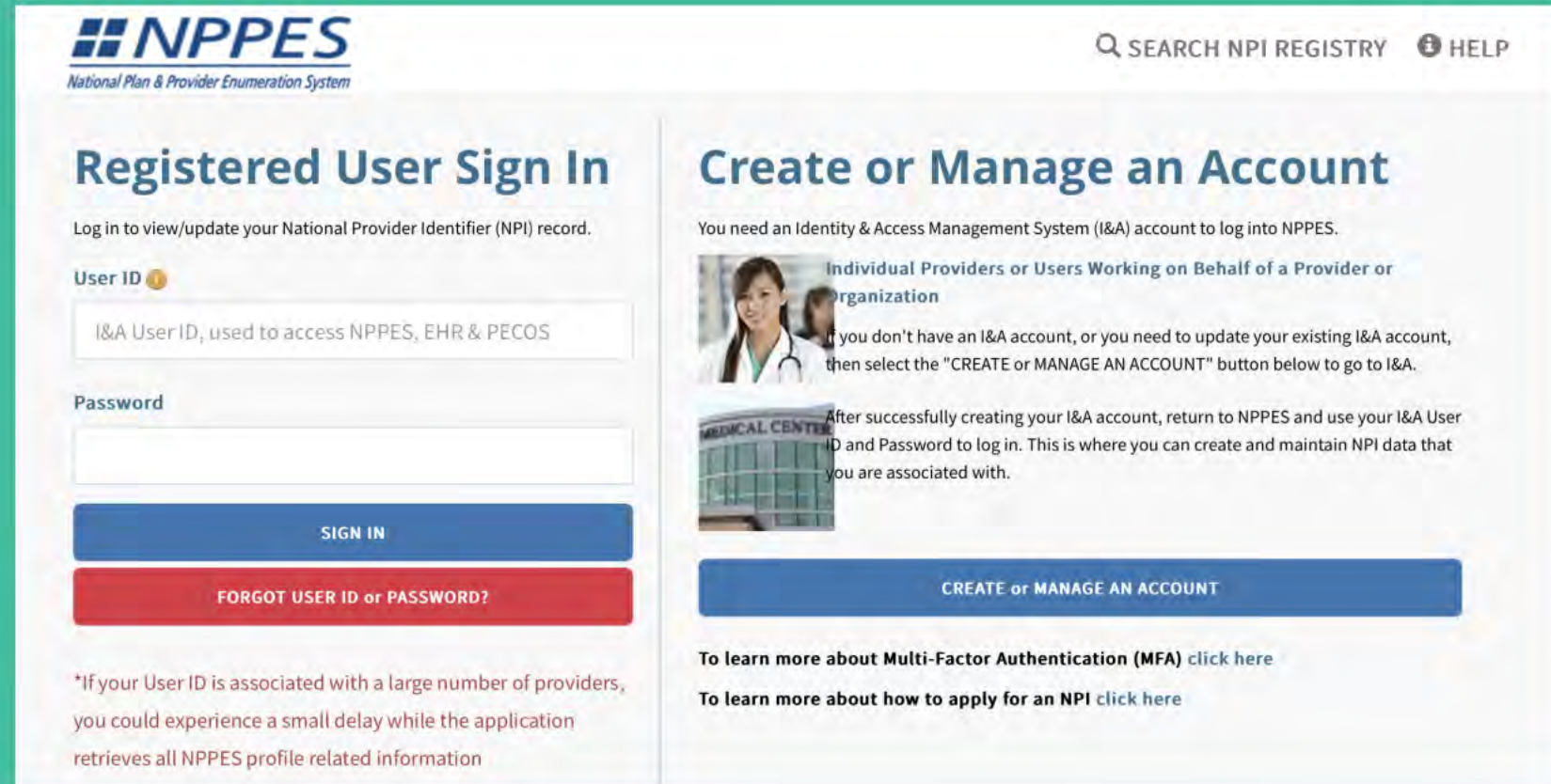


Frequently Asked Questions

Answers to common questions about registration, who should register, and how to manage your account.

To learn more about Multi-Factor Authentication (MFA) [click here](#)

STEP 2 MEDICARE FEE-FOR-SERVICE PROVIDER ENROLLMENT: APPLY FOR AN NPI




NPPES
National Plan & Provider Enumeration System

SEARCH NPI REGISTRY HELP

Registered User Sign In

Log in to view/update your National Provider Identifier (NPI) record.

User ID 

I&A User ID, used to access NPPES, EHR & PECOS

Password

SIGN IN

FORGOT USER ID or PASSWORD?

*If your User ID is associated with a large number of providers, you could experience a small delay while the application retrieves all NPPES profile related information

Create or Manage an Account

You need an Identity & Access Management System (I&A) account to log into NPPES.

Individual Providers or Users Working on Behalf of a Provider or Organization

If you don't have an I&A account, or you need to update your existing I&A account, then select the "CREATE or MANAGE AN ACCOUNT" button below to go to I&A.

After successfully creating your I&A account, return to NPPES and use your I&A User ID and Password to log in. This is where you can create and maintain NPI data that you are associated with.

CREATE or MANAGE AN ACCOUNT

[To learn more about Multi-Factor Authentication \(MFA\) click here](#)

[To learn more about how to apply for an NPI click here](#)

The NPI is a unique, 10-digit identification number for health care providers. To enroll as a Medicare provider, you must first obtain an NPI and provide it on the Medicare provider enrollment application. The NPI application will take about 20 minutes to complete.

A lot of practitioners already have this step completed.

STEP 3 MEDICARE FEE-FOR-SERVICE PROVIDER ENROLLMENT: APPLY USING PECOS

Providers may submit applications in one of two ways:
1) CMS's Internet-based Provider Enrollment Chain
Ownership System (PECOS), OR, 2) Paper.

CMS strongly encourages providers to use its online application platform, PECOS, to enroll. PECOS is a large database system that stores enrollment information for providers, institutions and organizations. The system contains initial enrollments, allows updates and shows who need to revalidate their enrollment records as well as when revalidation is due.

Medicare Enrollment for Providers and Suppliers

Welcome to the Medicare Provider Enrollment, Chain, and Ownership System (PECOS)

(*) Red asterisk indicates a required field.

PECOS supports the Medicare Provider and Supplier enrollment process by allowing registered users to securely and electronically submit and manage Medicare enrollment information.

New to PECOS? View our [videos](#) at the bottom of this page.

USER LOGIN

Please use your I&A (Identity & Access Management System) user ID and password to log in.

* User ID

* Password

[LOG IN](#)

[Forgot Password?](#)

[Forgot User ID?](#)

[Manage/Update User Profile](#)

[Who Should I Call? \[PDF, 155KB\]](#) - CMS Provider Enrollment Assistance Guide

BECOME A REGISTERED USER

You may register for a user account if you are: an Individual Practitioner, Authorized or Delegated Official for a Provider or Supplier Organization, or an individual who works on behalf of Providers or Suppliers.

[Register for a user account](#)

[Questions? Learn more about registering for an account](#)

Note: If you are a Medical Provider or Supplier, you must register for an NPI before enrolling with Medicare.

Helpful Links

[Application Status](#) - Self Service Kiosk to view the status of an application submitted within the last 90 days.

[Pay Application Fee](#) - Pay your application fee online.

[View the list of Providers and Suppliers \[PDF, 94KB\]](#) who are required to pay an application fee.

[E-Sign your PECOS application](#) - Access the PECOS E-Signature website using your identifying information, email address, and unique PIN to electronically sign your application.

[Provider & Supplier Resources](#)

HOW LONG UNTIL I AM APPROVED?

14. How long does it take to process an enrollment application?

Generally, all clean web applications will be processed within 15 calendar days following receipt, and all clean paper applications will be processed within 30 calendar days following receipt. The timeframes may be extended if the application is incomplete or missing information or documentation.

The MAC will send a development letter to the provider requesting the additional information. The provider will have 30 calendar days to respond. If no response is received, the application will be rejected. Providers should respond to all MAC requests for additional information timely, to avoid further delays.

DO I HAVE TO PAY FOR ANY OF THIS?

17. Do MFTs/ MHCs have to pay an application fee?

MFTs and MHCs are not required to pay an application fee.



**WHO REVIEWS MY APPLICATION AND DO I WORK
WITH ON ANY ISSUES RELATED TO SIGNING UP?**

CALL YOUR MAC!

WHAT IS A MAC?

The Center for Medicare and Medicaid Services (CMS) has a network of Medicare Administrative Contractors (AKA MACs) that are the primary contact between the Medicare Fee-For-Service (FFS) program and the health care providers enrolled in the program. MACs are also charged with provider opt outs.

Browse
by Topic

Browse
by
Specialty

Fees and News

Policies

Medical Review

Education and
Outreach

Provider
Enrollment

Forms

JE Part B / Home

Print | Email | Share

SYSTEM NOTICES

All Systems Normal

Customer Service

[NMP](#)

[IVR](#)

Customer Experience Surveys



Noridian Medicare Portal

[Access Login](#) | [Registration Guide](#) | [User Manual](#)

Provider Contact Center

[Availability](#) | [Holiday Closures](#) | [Training Closures](#) | [IVR Guide](#)



Active LCDs



Appeals



Claims



Fee Schedules



Noridian Medicare
Portal



Register for
Education Event

ALERTS

[See All](#)

ASC Claims Billed with G0260 and 77002 or 77012 Denied in Error

Alert 11/14/2023

LATEST UPDATES

[See All](#)

Allowing Audiologists to Provide Certain Diagnostic Tests Without a Physician Order - Revised

CR13055 11/16/2023

Provider Enrollment Changes to the Medicare Program Integrity Manual

CR13331 11/16/2023

MLN Connects - November 16, 2023

11/16/2023

Facet Joint Intervention for Pain Management Coding and Limitations -On-Demand Tutorials Available

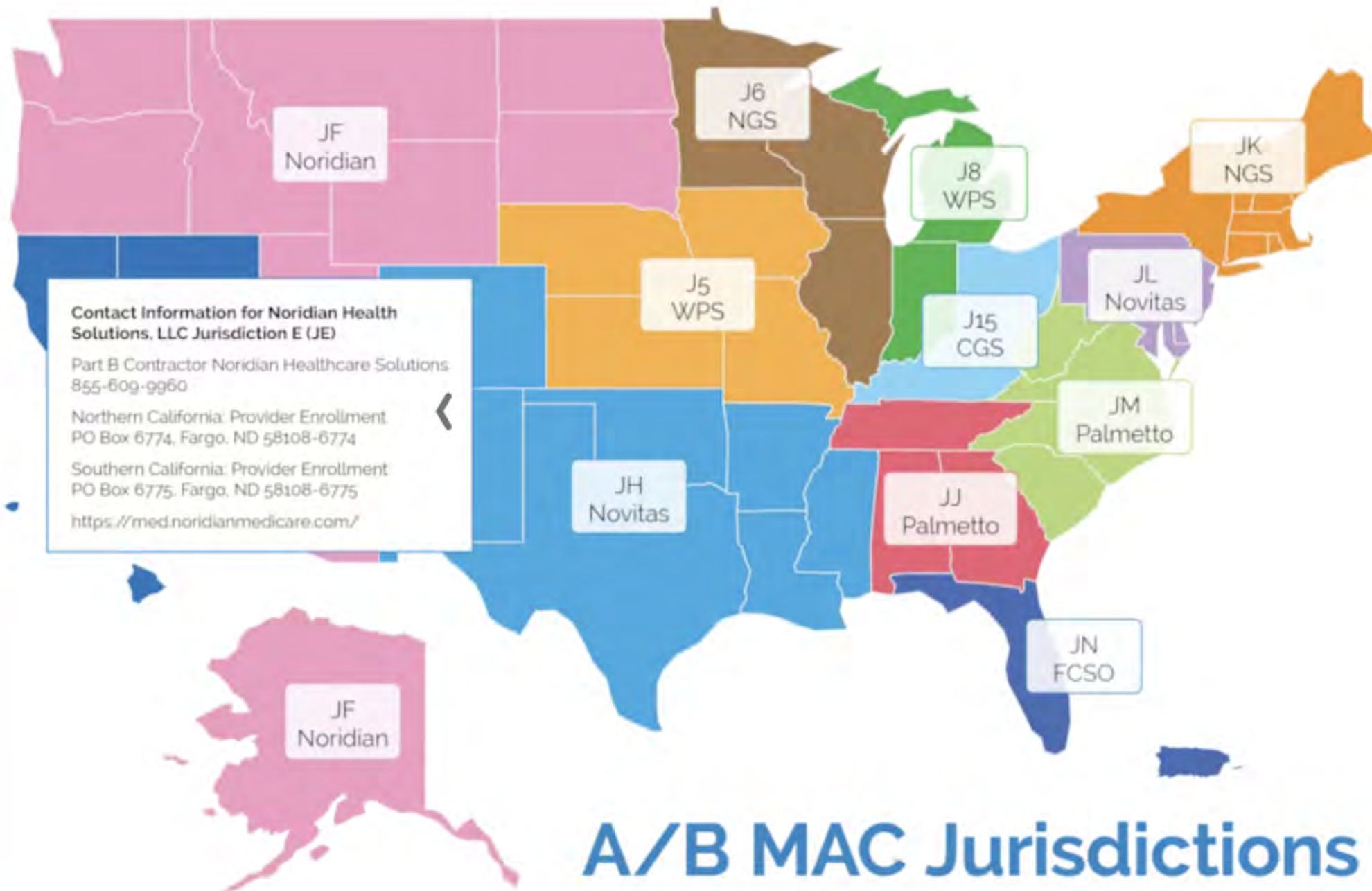
11/16/2023

DMEPOS Fee Schedules and Labor Payment - 3rd Quarter 2023 Update

11/16/2023



WHO IS YOUR MAC?



A/B MAC Jurisdictions

STEP 4 MEDICARE FEE-FOR-SERVICE PROVIDER ENROLLMENT: RESPOND TO REQUESTS

MACs review enrollment application to ensure they are complete. If there are any issues with an application, the MAC(s) will reach out to the person who is listed in the contact person section of PECOS or paper application for more information.

A MAC(s) may reach out to you via email, fax, phone or letter to communicate about an application. You have 30 days to respond to any inquiries, supply additional documentation, and submit corrections. If you fail to respond you may face delays, have your application(s) rejected, or have your effective date deferred.

Medicare Enrollment for Providers and Suppliers

Welcome to the Medicare Provider Enrollment, Chain, and Ownership System (PECOS)

(*) Red asterisk indicates a required field.

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New to PECOS? View our [videos](#) at the bottom of this page.

USER LOGIN

Please use your I&A (Identity & Access Management System) user ID and password to log in.

* User ID

* Password

LOG IN 

[Forgot Password?](#) 

[Forgot User ID?](#) 

[Manage/Update User Profile](#) 


[Who Should I Call? \[PDF, 155KB\]](#)  - CMS Provider Enrollment Assistance Guide

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[Register for a user account](#)

[Questions? Learn more about registering for an account](#)


Note: If you are a Medical Provider or Supplier, you must register for an NPI  before enrolling with Medicare.

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[E-Sign your PECOS application](#)  - Access the PECOS E-Signature website using your identifying information, email address, and unique PIN to electronically sign your application.

Provider & Supplier Resources

WILL I BE SUBJECT TO A SITE VISIT?

Potentially, CMS is required to screen all prospective Medicare providers during the initial application process. Depending on a provider's circumstances, site visits may be a part of provider enrollment process. Site visits are visits to a provider's practice location(s).

Whether a provider will be subject to a site visit depends on the level of risk assigned to the provider. The risk levels assigned to providers are: Limited, Moderate or High. Site visits must be conducted when providers are screened and determined to be moderate or high-risk.

Psychotherapists are typically categorized as limited-risk providers.



MEDICARE ADVANTAGE PROVIDER ENROLLMENT

To render services to Medicare beneficiaries through Medicare Advantage plans, practitioners are not required to enroll with CMS as Fee-For-Service providers. CMS removed the FFS enrollment requirement for MA providers as parts of its 2018 Medicare Advantage and Part D Final Rule.

Option 1: If you have no current contract with a plan or plans that also offer Medicare services, you will need to submit an application to join the plan(s) network and get credentialed.

Option 2: If you are currently in-network with a plan or plans that offer Medicare services, contact the provider relations department to request an expansion of your contract to include Medicare services.



**THIS IS NOT FOR ME. I DO
NOT WANT TO PARTICIPATE
IN MEDICARE.**

HOW DO I GET OUT OF THIS?

OPT-OUT

WHAT DOES OPT-OUT MEAN?

Opt-Out of Medicare

36. What does it mean to opt-out of Medicare?

Opting out means that you do not want to bill Medicare for your services, but instead want your Medicare patients to pay out-of-pocket. You enter private contracts with your Medicare patients where you agree that nobody will submit the bill to Medicare for reimbursement. To opt-out you must submit an opt-out affidavit to your MAC. For more information refer to [Opt Out of Medicare](#).

WHAT ARE THE STEPS?

1. Fill out and submit (mail via certified or registered mail) the Opt-Out Affidavit to the appropriate MAC(s). For example, if you are a provider located in CA, mail your form to California's MAC, Noridian Health Solutions, LLC.
2. Have all patients who are Medicare beneficiaries sign private contracts. You may either use your MAC's private contract template or create your own.



Way out →

OPT-OUT AFFIDAVIT



Continuing to provide the services you need

When a physician/practitioner opts-out of Medicare, no Medicare payment can be made to that physician or practitioner. Additionally, no Medicare payment may be made to a beneficiary for items or services provided directly by a physician or practitioner who has opted out of the program. * indicates required fields.

Eligible Practitioner Information		
Eligible practitioners should include the following information (to complete an affidavit record in PECOS)		
Eligible Practitioner's First, Middle and Last Name*		Credentials
Physical Location/Address*		
City*	State*	Zip*
Telephone Number*	Social Security Number	Date of Birth*
Specialty		NPI Number
License Number*	Email	Medicare Identification Number
Eligible Practitioner's Wishes to Order & Refer	<input type="checkbox"/> Yes <input type="checkbox"/> No	

I, _____, being duly sworn, depose and say:

- Opt-out is for a period of two years. At the end of the two-year period, my opt-out status will automatically renew. If I wish to cancel the automatic extension, I understand that I must notify my Medicare Administrative Contractor (MAC) in writing at least 30 days prior to the start of the next two-year opt-out period.
- Except for emergency or urgent care services (as specified in the Medicare Benefit Policy Manual Publication 100-02, Chapter 15 §40.28), during the opt-out period I will provide services to Medicare beneficiaries only through private contracts that meet the criteria of §40.8 for services that, but for their provision under a private contract, would have been Medicare-covered services.
- I will not submit a claim to Medicare for any service furnished to a Medicare beneficiary during the opt-out period, nor will I permit any entity acting on my behalf to submit a claim to Medicare for services furnished to a Medicare beneficiary, except as specified in §40.28.
- During the opt-out period, I understand that I may receive no direct or indirect Medicare payment for services that I furnish to Medicare beneficiaries with whom I have privately contracted, whether as an individual, an employee of an organization, a partner in a partnership, under a reassignment of benefits, or as payment for a service furnished to a Medicare beneficiary under Medicare Advantage.
- I acknowledge that during the opt-out period, my services are not covered under Medicare and that no Medicare payment may be made to any entity for my services, directly or on a capitated basis.
- I acknowledge and agree to be bound by the terms of both the affidavit and the private contracts that I have entered into during the opt-out period.

- I acknowledge and understand that the terms of the affidavit apply to all Medicare-covered items and services furnished to Medicare beneficiaries by myself during the opt-out period (except for emergency or urgent care services furnished to the beneficiaries with whom I have not previously privately contracted) without regard to any payment arrangements I may make.
- I acknowledge that if I have signed a Part B participation agreement, that such agreement terminates on the effective date of this affidavit.
- I acknowledge and understand that a beneficiary who has not entered into a private contract and who requires emergency or urgent care services may not be asked to enter into a private contract with respect to receiving such services and that the rules of §40.28 apply if I furnish such services.
- I have identified myself sufficiently so that the MAC can ensure that no payment is made to me during the opt-out period. If I have already enrolled in Medicare, I have included my Medicare PTAN, if one has been assigned. If I have not enrolled in Medicare, I have included the information necessary to opt-out.
- I will file this affidavit with all MACs who have jurisdiction over claims that I would otherwise file with Medicare and the initial two-year opt-out period will begin the date the affidavit meeting the requirements of 42 C.F.R. §405.420 is signed, provided the affidavit is filed within 10 days after the physician/practitioner signs his or her first private contract with a Medicare beneficiary.

Signature	
Provider Signature*	Date*

Note: This form must be printed and mailed with an original signature from the provider. A signature from the contact on the application will not be accepted. Please mail request to your Medicare Administrative Contractor (MAC). Your MAC will have the proper mailing address on its website. To locate your MAC, go to www.cms.gov/MedicareProviderSupEnroll. Providers who render services in multiple states, must have affidavits filed with all MACs who have jurisdiction over claims the physician/practitioner would otherwise file with Medicare.

WHERE DO I SEND THIS FORM? TO YOUR **MAC!**

Noridian's mailing addresses:

Northern California Provider Enrollment mailing address:

(all other counties)

Provider Enrollment

P.O. Box 6774

Fargo, ND 58108-6774

Southern California Provider Enrollment mailing address:

(counties of Los Angeles, Ventura, Orange, Imperial, San Diego, Santa Barbara and San Luis Obispo)

Provider Enrollment

P.O. Box 5775

Fargo, ND 58108-6775

ANYTHING ELSE?

YES, HAVE MEDICARE

BENEFICIARIES SIGN

PRIVATE CONTRACTS.

PRIVATE-PAY (OPT-OUT) MEDICAL SERVICES CONTRACT



Section 4507 of the 1997 Balanced Budget Act allows a physician or practitioner to enter a private contract with a Medicare beneficiary.

WHY A SPECIAL CONTRACT?

I have not been excluded from providing medical services under Social Security Act Medicare (including sections 1128, 1156, 1892, CFR § 405, subpart D. I _____ (provider's name) have chosen to separate myself ("opt out") from Medicare. My current opt-out started _____, and ends _____. Because I opted out, Medicare requires I have you sign a private-pay medical services contract before I treat you.

WHO PAYS FOR SERVICES?

You pay the bill. You will have to use your own money to pay the ENTIRE cost of my services.

ARE THERE CHARGE LIMITS?

No, Medicare charge limits DO NOT apply to products or services you receive from me through this private-pay medical services contract. I am able to charge you whatever amount you and I agree to.

WILL MEDICARE HELP PAY?

No, Medicare will NOT help pay your bill. Because I separated from Medicare, it is against the rules for you to send a bill to Medicare for my services or ask to send the bill to Medicare for you.

BUT ISN'T THIS A MEDICARE-COVERED SERVICE?

Yes and no. Yes, Medicare would pay for the same service from a provider who is connected to Medicare. No, Medicare won't pay because I have separated myself from Medicare.

WHAT OPTIONS DO I HAVE?

You have the right to get your product or service from a provider connected to Medicare or from me, a provider separated from Medicare. Even if you get your product or service from me, you can always get products and services from providers connected to Medicare. These providers are not required to have you sign private-pay medical services contracts.

WHAT IF I AM HAVING A MEDICAL EMERGENCY?

This contract does NOT cover emergency or urgent care services. If you have an emergency or urgent medical need, ask me for help. It is against Medicare rules for me to have you sign a private-pay medical services contract for emergency or urgent medical services.

WILL MY MEDIGAP OR OTHER SUPPLEMENTAL PLAN HELP PAY?

No, Medigap plans WILL NOT help pay for products or services you get from me. If you have some other medical insurance plan, it MIGHT NOT help pay your bill either.

WHAT ELSE DO I NEED TO DO?

If you decide to sign this contract, make sure that I also sign the contract.

It is also important you get a copy of the contract to keep. This way you will have a copy to look at if you have any questions about the contract in the future.

WILL CMS GET A COPY OF THE CONTRACT?

I, the provider, will supply a copy of this contract in the event CMS requests a copy.

Eligible Practitioner Information:	
Provider's NPI	
Provider's Signature	Date
Patient's Signature	Date
Patient's Legal Representative Signature	Date
Witness Signature	Date

OTHER USEFUL INFORMATION ON OPTING-OUT

- Once a practitioner opts out of Medicare. Valid opt-out affidavits are good for 2 years and automatically renew every 2 years.
- An affidavit must be filed with all MACs who have jurisdiction over claims the practitioner would otherwise file with Medicare.
- MACs send out renewal notifications 90 days prior to the opt- out affidavit's renewal date.
- Practitioners who do not want their opt-out to automatically renew at the end of a 2 year opt-out period, may cancel the renewal by notifying all contractors (MACS) with which they filed an affidavit in writing at least 30 days prior to the start of the next opt-out period.

HOW DOES TELEHEALTH WORK WITH MEDICARE?

It's complicated.

- Medicare covers telehealth psychotherapy services.
- Behavioral health telehealth services may be provided using video-teleconference or telephone.
- Before the Public Health Emergency, there were in-person visit(s) requirements to utilize telehealth services at home.
- During COVID, CMS halted the need to meet in person.
- The Consolidated Appropriations Act, 2023 (CAA 2023) provisions delayed the in-person visit requirements. These requirements will not go into effect again until January 1, 2025 and that means Congress still has time to make changes to these requirements.

OTHER USEFUL INFORMATION ON TELEHEALTH

30. Can I perform telehealth services to patients located in another state?

During the COVID-19 public health emergency (PHE), CMS used emergency waiver and other regulatory authorities so you could provide more services to your patients via telehealth. Section 4113 of the CAA, 2023 extended many of these flexibilities through December 31, 2024, and made some of them permanent. For more information refer to [Telehealth Services Fact Sheet](#).

CMS has proposed to add MFTs and MHCs to the list of practitioners who can furnish Medicare telehealth services. Practitioners who wish to perform telehealth services must enroll in the state where they are located when furnishing the service. The practitioner must also have a valid medical license in the enrolling state. In section 4B of the CMS-855I, enter the location where the telehealth service is performed (e.g., office, home). Select the practice location type as

OTHER USEFUL INFORMATION ON TELEHEALTH

11. Do I have to submit multiple applications if I render services in multiple states?

A separate CMS-855I enrollment is required in each state where services are rendered. For example, the MAC's jurisdiction consists of States X, Y, and Z. Dr. Jones is enrolled in State X with 2 locations. He wants to add a third location in State Y. A separate, initial CMS-855I application is required for the State Y location.

In addition, the practitioner must be licensed and/or certified in each state where services are rendered. The applicable license must be included on the application.

**TO MANY
POST-IT NOTES**



**REVIEW OF
LAWS THAT
WENT INTO
EFFECT IN 2023**

**BIG TOPICS OF
2023**

**BROAD
CHANGES TO
MENTAL
HEALTH**

**MINOR CHANGES
TO MANDATED
REPORTING**

**MAJOR
CHANGES TO
EMPLOYMENT
LAWS**

**INTERESTING
NEW LAW
TEASER**



**NEW YEAR, NEW LAW & ETHICS:
WHAT YOU NEED TO KNOW TO BE
SUCCESSFUL IN 2024**

**EVERYTHING
ELSE**

**DISCLAIMERS
PRESENTER
TO DO LIST**

PRESENTED BY LUKE MATTHEW MARTIN, MBA, JD



CAMFT STAFF ATTORNEY

MEDICARE