

Telehealth for OMH and OASAS providers during the COVID-19 State of Emergency



Office of Addiction Services and Supports

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Telehealth for OASAS providers during the COVID-19 State of Emergency

March 17, 2020

Robert Kent, General Counsel

OASAS Telepractice Guidance



OASAS Telepractice Guidance

- OASAS Telepractice Guidance supersedes any other State or federal-issued telehealth guidance.
- This OASAS Guidance does not apply to private practitioners.
- This Guidance applies to OASAS Certified and otherwise authorized Programs and Services.
- This guidance only applies during the declared disaster emergency.



OASAS Expedited Approval Process

- OASAS Certified Treatment Program Providers must:
 - Review the Telepractice Guidance and Supplemental Guidance at: <https://oasas.ny.gov/system/files/documents/2020/03/letter-of-counsel-covid-19-3.9.2020-002-signed.pdf> and <https://oasas.ny.gov/telepractice-waiver-update>
 - Complete a [Telepractice Self Attestation Form](#), and
 - Return it to Certification@oasas.ny.gov
 - Providers may supply one, Self Attestation for multiple PRU's as long as each PRU is identified.
 - Approval occurs **upon submission** of the Telepractice Self-Attestation.
- This approval is time-limited and effective only during the disaster emergency
- Programs/agencies already designated to offer telehealth, do not need to seek additional approval.



OASAS Telehealth Service

- Telehealth for Medicaid-reimbursable services is temporarily expanded and includes:
 - Two-way audio/video communication;
 - Video, including technology commonly available on smart phones and other devices; and/or
 - Telephonic communication (**NEW**).
- Services to be delivered are those allowable under current program regulations or State-issued guidance as clinically appropriate and include assessment, individual, group, medication management and collateral services.
- Peer Support Services are not currently included; OASAS is exploring the ability to allow this service during the emergency.



OASAS Telehealth Providers & Reimbursement

- Telepractice is not a service, it is a means of delivering services otherwise authorized and reimbursable by various payors
- This guidance DOES NOT change the reimbursement amount, nor the service requirements for Medicaid or commercial reimbursement
- Claim modifiers “95” or “GT” should be used for services delivered via telehealth and reimbursed by Medicaid
- Commercial insurers regulated by New York State must provide reimbursement for services delivered via Telepractice if those services would have been covered if delivered face to face and must waive co-pays. See DFS Circular letter at:
https://www.dfs.ny.gov/industry_guidance/circular_letters/cl2020_06



FAQs





**Office of
Mental Health**

Telemental Health during COVID-19 State of Emergency

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March 17, 2020

OMH Telemental Health Guidance



**Office of
Mental Health**

OMH Expanded Telemental Health Guidance

- OMH Expanded Telemental Health Guidance supersedes any other State-issued telehealth guidance.
- Applies only to OMH Licensed and OMH Designated Programs and Services.
- This OMH Telemental Health Guidance does not apply to private practitioners.
- Newly issued telemental health guidance only applies for Medicaid reimbursement during the declared disaster emergency.

Expanded Telemental Health Definitions

- Expands the definition of telemental health and the types of staff able to use telemental health during the duration of the declared disaster emergency
- *Telemental health* for Medicaid-reimbursable services is temporarily expanded to include:
 - Telephonic; and/or
 - Video, including technology commonly available on smart phones and other devices.
- *Telemental health practitioner* includes any professional, paraprofessional, or unlicensed behavioral health staff who deliver a qualified service via telemental health.
- OMH licensed and designated programs can deliver services through telephone and/or video using any staff allowable under current program regulations or State-issued guidance as medically appropriate.

OMH Telemental Health Guidance: Applicability

- OMH Licensed Services: Clinic, CCBHCs, PROS, ACT, Continuing Day Treatment, Children's Day Treatment, Treatment Apartment Programs, and Partial Hospitalization.
- OMH Designated Services: CFTSS, Adult BH HCBS, Adult BH HCBS Eligibility Assessments, and Recovery Coordination services.

Expanded Telemental Health Guidance and Self-Attestation

Issued: 3/11/20; Revised: 3/13/20

- Introduced rapid approval of the use of telemental health to deliver services will allow for continuity of care, regardless of mandatory or self-imposed quarantines.
- Revised to include expanded definitions of telemental health and telemental health practitioners.
- Programs/agencies previously approved through traditional telemental health approval process do not need to submit self-attestation.
- Programs/agencies that submitted the initial self-attestation do not need to submit revised copy.
- Only one attestation needed per agency; please specify programs to be covered as listed in the OMH Mental Health Provider Data Exchange (MHPD) or by Adult BH HCBS service type.

Supplemental Guidance: <https://omh.ny.gov/omhweb/guidance/supplemental-guidance-use-of-telemental-health-disaster-emergnecy.pdf>

Self- Attestation: <https://omh.ny.gov/omhweb/guidance/self-attestation-telemental-health-disaster-emergency.pdf>

Other State Guidance Related to COVID-19

- For the most up to date guidance from OMH, refer to:
<https://omh.ny.gov/omhweb/guidance/>
- COVID-19 Guidance for Health Homes- Issued 3/14/20
 - Face-to-face requirements are waived
 - Includes individuals receiving Assisted Outpatient Treatment (AOT) when clinically appropriate
 - https://www.health.ny.gov/diseases/communicable/coronavirus/docs/2020-03-14_guide_health_homes.pdf

Answers to top FAQs

1. Is verbal consent allowable to begin telemental health services or do we need written consent?

Verbal consent is allowable during the disaster emergency period. Please document this consent in the client record.

2. Does the telehealth guidance issued during the disaster emergency period include Adult BH HCBS, ACT and PROS providers?

Yes. All practitioners (professional or licensed staff as well as paraprofessional or non-licensed staff) providing Adult BH HCBS, ACT and PROS services are included according to the Supplemental Guidance. Services delivered via the expanded telemental health allowances must be aligned with existing program regulations and guidance.

Answers to top FAQs Continued

3. Are face to face requirements for individual's receiving AOT care management including ACT and HH+ waived?

DOH has waived all Health Home Care Management face to face requirements, and allowed the use of telephone contacts during the period of the disaster emergency. This also applies to individuals receiving AOT, where clinically appropriate.

4. Should providers use the GT or 95 modifiers only when both audio and video telecommunications are used to provide services?

No. During the emergency disaster, providers must use the GT or 95 modifiers for either telephonic OR video provision of services, despite the modifier definitions requiring video.