

Supplemental Guidance Regarding Use of Telehealth for People Served Through OMH-Funded Programs During the Disaster Emergency

Date Issued: March 19, 2020

This guidance expands on the information provided in the previously released [Use of Telemental Health for People Affected by the Disaster Emergency](#) issued by the Office of Mental Health on March 11, 2020.

This guidance waives the face-to-face requirements for state-aid funded programs for the duration of the declared disaster emergency. In lieu of face-to-face contact, providers may utilize telephonic or telehealth capabilities as necessary.

Definitions:

Telemental health services are temporarily expanded to include:

- Telephonic; and/or
- Video, including technology commonly available on smart phones and other devices.

During the duration of the declared disaster emergency, all state-aid funded programs can deliver services through telephone and/or video using any staff allowable under current program regulations or State-issued guidance as medically appropriate.

Telemental health practitioner includes any professional, paraprofessional, or unlicensed behavioral health staff who deliver a qualified service via telemental health.

Applicability:

This guidance applies to the following OMH programs and designated services:

- Employment/Vocational Programs:
 - Assisted Competitive Employment (ACE)
 - Transitional Employment Program (TEP)
 - Affirmative Business/Industry (ABI)
 - Transformed Business Model (TBM)
 - Ongoing Integrated Supported Employment (OISE)
 - Work Programs
 - Supported Education Programs
 - Psychosocial Clubs
 - Non-Medicaid Care Coordination 2720
 - Health Home Non-Medicaid Care Management 2620
 - Advocacy/Support Services (Non-Licensed Program) – 1760

- Crisis Intervention (Non-Licensed Program) – 2680
- Drop-in Center (Non-Licensed Program) – 1770
- Recovery Centers- 2750
- Home Based Crisis Intervention (HBCI)

Service Delivery:

This guidance only addresses service delivery modality (telehealth/telephonic), it DOES NOT change the funding amount, nor the service requirements.

- Providers may deliver any service appropriate for individuals to receive via telemental health as defined above. If a recipient has a service need that cannot be met via telemental health, it is the expectation that the agency will still ensure an individual's service-related needs are met to the greatest extent possible.
 - For example, a care manager may contact an individual telephonically to identify any upcoming appointments that may require rescheduling in accordance with current COVID-19 related policy and procedures.
- For OMH funded site-based programs including Psychosocial clubs, staff may use the telehealth modality as described above to provide services via telehealth for individuals who do not come on-site, or for staff that are not on-site.
- In Employment programs, staff can provide remote support to individuals currently employed.
- Providers should indicate in their documentation that the service was provided telephonically or via video.
- When services are still being delivered face-to-face, it is recommended providers follow the Guidance for NYS Behavioral Health Programs found here:
<https://omh.ny.gov/omhweb/guidance/covid-19-guidance-bh-providers.pdf>