

# New York State Office of Mental Health

## COVID-19 Disaster Emergency FAQ

Revised: March 23, 2020

**OMH Guidance on COVID-19 can be found here: <https://omh.ny.gov/omhweb/guidance/>**

Due to the volume of questions received, OMH will be frequently updating this document as answers become available. Please check daily for updates.

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### General

Q#	Topic	Question	Answer
1.	Altering Office Hours	Do we need to submit an E-Z PAR to alter our office hours during the disaster emergency?	An E-Z PAR is not needed for changing hours for the duration of the disaster emergency, but you should notify your local Field Office of any reduction in hours.
2.	Consolidated Fiscal Report	Will there be an extension of the Consolidated Fiscal Report (CFR) deadline if the disaster emergency poses an impact on timely submission?	OMH understands that agencies face an increased administrative burden at this time. OMH issued a letter on March 18, 2020 stating the due date of the January 1, 2019-December 31, 2019 CFR has been extended to



Q#	Topic	Question	Answer
			August 1, 2020 for all OMH providers. OMH will continue to assess the need for additional extensions based on situational impacts.
3.	New Referrals	How should community-based behavioral health providers handle new referrals at this time? Can we close admissions?	Community-based behavioral health providers should not close admissions to existing programs and services. Intakes may be conducted using telemental health services, if necessary. At this time, hospitals, jails and prisons need support and partnership in discharging individuals to appropriate levels of care/support in the community.
4.	Building Closures	Is there an expectation that clinics will remain open for those patients that cannot or will not participate in telemedicine?	Yes. Providers should be aware of, and in compliance with, any state and local advisories, including appropriate patient screening.

**OMH Licensed Programs/Designated Services**

Q#	Topic	Question	Answer
5.	ACT	Will ACT Teams continue to receive referrals?	Yes.
6.	AOT	What is the impact of the disaster emergency on required AOT visits?	Teams should be in continuous contact with their local government units related to AOT court orders. For more information, refer to the telemental health AOT question below (#41).
7.	CCBHC	Can CCBHCs use an LPN in lieu of an RN to staff the Crisis Recovery Center to fulfill the required nursing duties for CCBHC during the emergency response to COVID-19?	Yes. The CCBHC demonstration requirement to have a Registered Nurse (RN) onsite to perform nursing duties will be temporarily relaxed during the emergency response to COVID-19, to allow a Licensed Practical Nurse (LPN) to perform nursing duties within the LPN scope of practice onsite. The LPN must have access to supervision by an RN. The LPN may not perform any nursing duties outside of the LPN scope of practice.

### Telemental Health

Q#	Topic	Question	Answer
8.	Self-Attestation	Can I begin providing services via telemental health as soon as I submit my attestation?	Yes. All Self-Attestations of Compliance to Offer Telemental Health Services are approved once submitted. This includes all attestations submitted since March 11, 2020. This applies to OMH licensed programs and designated services that meet the requirements outlined in the OMH supplemental guidance. Keep a copy of what you submitted for your records.
9.	Self-Attestation	Who is responsible to submit the Self-Attestation of Compliance to Offer Telemental Health Services?	One Self-Attestation needs to be submitted per agency for all applicable programs. Individual practitioners do not need to submit Self-Attestations.
10.	Self-Attestation	Do agencies with both OMH and OASAS programs need to submit separate Self-Attestations to each Office?	Yes.
11.	Telemental Health	Does the supplemental guidance allow for audio only/phone encounters while we build up video capacity?	Yes. The Supplemental Guidance allows for telephonic service provision.
12.	Telemental Health	Is the use of telephone allowed or is it reserved only for video?	Yes. See supplemental guidance for more information.
13.	Telemental Health	Are we able to do group sessions via a phone teleconference number?	Yes. See supplemental guidance for more information.
14.	Telemental Health	Can mailed materials (e.g., exercise sheets, etc.) be considered a telemental health service?	No.
15.	Applicability	Who does this OMH telemental health waiver apply to?	This waiver only applies to programs licensed or services designated by the NYS Office of Mental Health (OMH). OMH does not have authority over private practitioners, and therefore the OMH telemental health waiver does not apply to private practitioners.
16.	Applicability	Does the OMH telemental health waiver apply to private practitioners?	No. The OMH guidance applies only to OMH licensed, funded, or approved programs/agencies. For further information follow up with your licensing authority, if



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			<p>applicable, or more generally visit the DOH website at: <a href="https://coronavirus.health.ny.gov/home">https://coronavirus.health.ny.gov/home</a>. Private practitioners should review the Circular Letter issued by the NYS Department of Financial Services (DFS) on 3/15/2020 for information on commercial insurance reimbursement for telehealth, and follow any additional guidance from DFS. The circular letter is available here: <a href="https://www.dfs.ny.gov/industry_guidance/circular_letters">https://www.dfs.ny.gov/industry_guidance/circular_letters</a></p>
17.	Documentation	Is it required for providers delivering services through telemental health to record sessions and save those for documentation?	No. Providers must document informed consent from a client in order to record services.
18.	Telemental Health Equipment	Can providers use personal phones to conduct services telephonically?	Yes.
19.	Telemental Health Equipment	Are there any waivers available for organizations that do not currently have the required infrastructure (hardware and software) to provide telemental health?	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. Please see supplemental guidance.
20.	Telemental Health Equipment	Many of our clients have limited connectivity via phone and internet, which is necessary for telemental health services. Can our agency/organization buy phones, minutes, or data for clients using Service Dollars or other discretionary funds? Will the State reimburse agencies for this expense?	Organizations may buy phones, minutes, and/or data for clients in order to support the provision of telemental health services. This may be done using OMH Service Dollars or other agency funds. This expense will not be reimbursed by OMH.
21.	Telemental Health Equipment	Are there any pre-approved platforms to deliver telemental health services?	<p>There are no OMH pre-approved telemental health platforms.</p> <p>As of March 19, 2020, the Office for Civil Rights (OCR) at the Department of Health and Human Services (HHS) will not enforce HIPAA with telehealth during this emergency. Under this Notice, covered health care providers may use popular applications that allow for video chats, including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype, to provide telehealth without risk that OCR might seek to impose a penalty for noncompliance</p>



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			<p>with the HIPAA Rules related to the good faith provision of telehealth during the COVID-19 nationwide public health emergency. Also, HHS provided the list below of vendors that represent that they provide HIPAA-compliant video communication products and that they will enter into a HIPAA business associates agreement (BAA). These vendors are:</p> <ul style="list-style-type: none"> <li>• Skype for Business</li> <li>• Updox</li> <li>• VSee</li> <li>• Zoom for Healthcare</li> <li>• Doxy.me</li> <li>• Google G Suite Hangouts Meet</li> </ul> <p>See OCR notice here: <a href="https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html">https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html</a></p>
22.	Telemental Health	Can providers bill for telemental health services if they block the phone number that the call is originated from?	Yes.
23.	Practitioner Location	Can practitioners other than prescribers be physically located outside NYS while delivering services via telemental health.	<p>Yes. Telemental health practitioner includes any professional, paraprofessional, or unlicensed behavioral health staff who deliver a qualified service via telemental health.</p> <p>Any limitations and restrictions pertaining to the location of the telemental health practitioner while providing service via telemental health are waived.</p> <p>To the extent a license is required to deliver a service, the practitioner must still be licensed in NYS.</p>
24.	Practitioner Location	Do telemental health services need to be provided onsite by the clinician?	<p>No. Any limitations and restrictions pertaining to the location of the telemental health practitioner while providing service via telemental health are waived.</p> <p>To the extent a license is required to deliver a service, the practitioner must still be licensed in NYS.</p>



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25.	Practitioner Type	Are interns (APA)/social work included in the definition of unlicensed staff?	Telemental health is a service delivery mechanism. Anyone who can deliver a service in-person, can deliver the service through telemental health.
26.	Consent	Is verbal consent allowable to begin telemental health services or do we need written consent?	Yes. Verbal consent is allowable during the disaster emergency period. Please document this consent in the client record.
27.	Consent	Can consent be obtained in the same interaction that the service itself is being delivered?	Yes.
28.	Admission	Can we admit someone to the clinic without a face to face contact including signatures and completion of admission paperwork?	Yes, we strongly encourage providers to implement admissions procedures using telemental health. Please document consent in the client record.
29.	Intakes	Are providers able to conduct intake for new clients using telehealth?	Yes.
30.	Initial Evaluations	Are initial evaluations permitted via emergency telehealth procedures?	Yes.
31.	Treatment Plans	Can clinics manage treatment plans remotely when a client cannot sign?	Yes. The provider must document the verbal approval in the client's record.
32.	Documentation	Throughout the treatment and rehabilitation process, signatures by staff and clients are frequently required on service/treatment plans and other program documentation. Can we modify our procedures for completing and signing off on such documentation at this time?	Yes. Whenever possible, staff completing any documentation should sign-off at the time it's written. If signatures cannot be obtained during the disaster emergency, the record should be updated to include evidence that the document was discussed with and agreed upon by the individual.
33.	Service Length	Can a telemental health session be shortened, and still be billable?	No. The waiver only applies to service delivery modality and does not change any other service requirements.
34.	ACT	Are providers allowed to bill for ACT services provided by telephone? What is the length of time a phone session should be for telemental health?	Yes, ACT services may be provided via telemental health, including telephonic service delivery. Timeframes should be consistent with current OMH regulation and guidance.
35.	ACT	Can ACT teams also bill for collateral telephone contact?	Yes, up to 3 of the 6 contacts may be with collateral, this includes telephonic.
36.	ACT/PROS	For ACT and PROS, does this allow providers other than doctors and psychiatric nurse practitioners to use telemental health?	Yes. See supplemental telemental health guidance issued by OMH.



Q#	Topic	Question	Answer
37.	ACT/PROS/ Adult BH HCBS	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 comply with existing program regulations and guidance.
38.	PROS	What PROS services can be delivered via Telemental Health?	Any PROS service, including ORS, can be delivered via telemental health.
39.	PROS	How do I document telemental health services for PROS?	A telemental health contact would be documented as you would any individual contact. You may verbally request and receive approval from participants in lieu of required signatures for PROS documentation (IRP, etc.).
40.	AOT	Are face to face requirements waived for individuals receiving AOT care management including ACT and Health Home Plus?	Yes, as clinically indicated.
41.	CFTSS	Can providers delivering CFTSS designated services, provide and bill for telephonic services?	Yes.
42.	CCBHC	How can CCBHCs provide and bill for Targeted Case Management (TCM) through telemental health services during the disaster emergency?	For the duration of the declared disaster emergency, the threshold visit for CCBHC Targeted Case Management services can generate a Prospective Payment System (PPS) payment in one of three ways: <ol style="list-style-type: none"> <li>1. A single face-to-face meeting with the individual (or collateral if a child or adolescent) of at least 15 minutes.</li> <li>2. A single Telehealth meeting with the individual (or collateral if a child or adolescent) of at least 15 minutes.</li> <li>3. A single telephonic meeting with the individual (or collateral if a child or adolescent) of at least 15 minutes.</li> </ol>
43.	Children's HCBS	How do we bill for telephonic Children's HCBS services?	Refer to DOH for information on telehealth for Children's HCBS.
44.	Children's Day Treatment	If Children's Day Treatment sites are closed, how can individuals continue to receive services?	Children's Day Treatment providers are able to use telemental health as outlined in the Supplemental Guidance. In order to bill for Children's Day Treatment telemental health when the normally required minimum timeframes of full or



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			half day are not met, providers may bill the Collateral rate (4066) for contacts of 30 minutes with collaterals and the Crisis Services rate (4064) for when telemental health services are provided to children and equal a total of at least 30 minutes within a day (does not have to be consecutive).
45.	Partial Hospitalization	If Partial Hospitalization sites are closed, how can individuals continue to receive services?	Partial Hospitalization (PH) providers are able to use telemental health as outlined in the Supplemental Guidance. In order to bill for Partial Hospitalization (PH) telemental health when the normally required time of at least 4 hours with the individual is not met, providers may bill the Crisis codes (4357-4359), so long as at least 1 hour has been spent providing a PH service.
46.	Continuing Day Treatment	If Continuing Day Treatment sites are closed, how can individuals continue to receive services?	Continuing Day Treatment (CDT) providers are able to use telemental health as outlined in the Supplemental Guidance. In order to bill for CDT telemental health when the normally required minimum time frames with the individual are not met, providers may bill the Crisis code (4337) which has no time limitation.
47.	Recovery Coordination	Can the NYS Eligibility Assessment be conducted via telemental health? Initial and re-assessment?	Yes, the NYS Eligibility Assessment may be conducted via telemental health. This includes both the initial assessment and re-assessments.
48.	Billing	If our service is normally delivered face-to-face but is delivered telephonically, do we still use the same billing codes?	Yes. Providers should use the same billing procedures and add the telemental health modifiers GT or 95. Providers should document the modality with which services were provided.
49.	Billing	Should the telemental health service be billed as an "on-site" visit or "off-site" visit?	It is considered an "on-site" visit.
50.	Billing	Should providers use the GT or 95 modifiers for services delivered telephonically and/or via video?	Yes.

### Acronym Definitions

#	Acronym	Definition
1.	ACT	Assertive Community Treatment
2.	Adult BH HCBS	Adult Behavioral Health Home and Community Based Services
3.	AOT	Assisted Outpatient Treatment
4.	CCBHC	Certified Community Behavioral Health Clinics
5.	CDT	Continuing Day Treatment
6.	CFTSS	Children and Family Treatment and Support Services
7.	Children's HCBS	NYS Children's Medicaid Home and Community-based Services
8.	COVID-19	Coronavirus Disease 2019
9.	DFS	NYS Department of Financial Services
10.	DOH	New York State Department of Health
11.	HIPAA	Health Insurance Portability and Accountability Act
12.	IRP	Individualized Recovery Plan
13.	NYS	New York State
14.	OCFS	New York State Office of Children and Family Services
15.	OMH	New York State Office of Mental Health
16.	ORS	Ongoing Rehabilitation and Support
17.	PH	Partial Hospitalization
18.	PPE	Personal Protective Equipment
19.	PPS	Prospective Payment System
20.	PROS	Personalized Recovery Oriented Services
21.	SRO	Single Room Occupancy Housing
22.	TCM	Targeted Case Management