



Summary of New York OMH & OASAS Telehealth Regulations

Last updated March 31, 2020

At this time, OMH and OASAS are encouraging **ALL** provider organizations licensed by their agency to submit telehealth attestation and provide appropriate services using this delivery method. Only one application is needed per organization. Once submitted, organizations should consider the application approved and may begin delivering services before a confirmation email is received. See the webinar on March 17, 2020 from OMH and OASAS for more information:

<https://www.youtube.com/watch?v=QqJ7diJ3AGg>

If your organization needs further assistance please contact the CNY BHCC at cnybhcc@helio.health

NY Emergency Telehealth Regulation Quick Reference		
	OMH - Telemental Health	OASAS – Telepractice
Initial in-person visit and evaluation	Waived	Waived
Mediums for delivery	<ul style="list-style-type: none"> • Telephonic • Video, including tech commonly available on smartphones 	<ul style="list-style-type: none"> • Telephonic • Video conferencing
Security for medium delivery	<ul style="list-style-type: none"> • HIPPA compliant and meet minimum federal and NY security guidelines • Telephonic care may be delivered via smartphones, cellphones, and landlines 	<ul style="list-style-type: none"> • HIPPA compliant and meet minimum federal and NY security guidelines • Must have authentication and identification procedures • Relationship with credible technology service provider • Telephonic care may be delivered via smartphones, cellphones, and landlines
Consent	<ul style="list-style-type: none"> • Consent is needed to deliver services via telehealth • Written consent is preferred, but verbal consent is okay and should be documented in EHR • Written consent should be obtained once emergency disaster period ends 	<ul style="list-style-type: none"> • Consent is needed to deliver services via telehealth • Written consent is preferred, but verbal consent is okay and should be documented in EHR • Written consent should be obtained once emergency disaster period ends
Staff that may deliver telehealth services	<ul style="list-style-type: none"> • All staff eligible to deliver the specific service 	<ul style="list-style-type: none"> • Prescribers of buprenorphine, clinical staff

NY Emergency Telehealth Regulation Quick Reference

	OMH - Telemental Health	OASAS – Telepractice
	including licensed, unlicensed, and paraprofessionals	including CASACS, CASAC-T, Limited Permit Holders <ul style="list-style-type: none"> Peer support may be delivered via telehealth at this time
Services available to be delivered under telehealth	<ul style="list-style-type: none"> Individual, group, and collateral services Clinic Integrated Outpatient Services Clinic Based – Intensive Outpatient Program services Residential Program services (this does not waive the requirement for onsite staffing: for a full list of program codes eligible see guidance dated 3/30/20) CPEP/Inpatient Programs from within the hospital (see section 9 of updated regulations dated 3/30/20) Prescribing 	<ul style="list-style-type: none"> Individual, group and collateral services MAT Medical evaluations Peer Support
Billing Modifiers	All claims should have the 95 modifier or if applicable, the GT modifier (less common)	All claims should have the 95 modifier or if applicable, the GT modifier (less common)
Other	N/A	<ul style="list-style-type: none"> Must have recent procedures in the case of transmission failure Translation services must be available Medical evaluations prior to prescribing medication can be done via audio/visual real time two way communication system
Link to guidance	<ul style="list-style-type: none"> Self-Attestation Guidance documents 	<ul style="list-style-type: none"> Self-attestation Guidance documents

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Staff that may deliver telehealth services	<ul style="list-style-type: none"> • All staff eligible to deliver the specific service including licensed, unlicensed, and paraprofessionals 	<ul style="list-style-type: none"> • No changes (prescribers of buprenorphine, clinical staff including CASACS) • Peer support may now be delivered via telehealth at this time • Un-licensed Staff, CASAC-T, limited permit holders
Recommended services to be delivered	<ul style="list-style-type: none"> • Individual, group, and collateral services • Clinic Integrated Outpatient Services • Clinic Based – Intensive Outpatient Program services 	Guidance not provided
Eligible Types of Providers	Article 31 clinics, PROS, CCBHCs, ACT, partial hospitalization, treatment apartments, day treatment, child and adult HBCS	Not specified

Billing Modifiers	All claims should have the 95 modifier or if applicable, the GT modifier (less common)	All claims should have the 95 modifier or if applicable, the GT modifier (less common)
Other	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • Must have recent procedures in the case of transmission failure • Translation services must be available
Link to guidance	<ul style="list-style-type: none"> • Self-Attestation • Guidance documents 	<ul style="list-style-type: none"> • Self-attestation • Guidance documents