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
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