

APPENDIX A: Attestation of Compliance for Approval for Telehealth Services

Part 596 of Title 14 NYCRR permits the provision of Telehealth Services by the New York State (NYS) Office of Mental Health (OMH) programs licensed or designated pursuant to Article 31 of the NYS Mental Hygiene Law, if approved to do so by OMH. Approval shall be based upon review of policies and procedures that satisfactorily address a series of standards and procedures. The following Attestation of Compliance must be completed and submitted with the application.

Instructions for Applicant:

For each required standard or procedure, place your initials to verify compliance and include the page or section number(s) of the program’s Telehealth Policies and Procedures (P&P) that addresses same.

	Initials	Page or Section Number
1. The P&P confirms that the use of Telehealth Services is necessary to improve the quality of care of individuals receiving services or to address workforce shortages.		
2. The P&P confirms that Telehealth Practitioners meet standards established in Part 596.6(a)(1)(i), including that they possess a current, valid license, permit, or limited permit to practice in New York State, or are designated or approved by the Office to provide services.		
3. The P&P identifies the transmission linkages on which Telehealth Services will be performed, which are dedicated, secure, meet minimum federal and New York State requirements (e.g., HIPAA Security Rules) and are consistent with guidelines issued by the Office of Mental Health.		
4. The P&P identifies acceptable authentication and identification procedures which will be employed by both the sender and the receiver.		
5. The P&P include provisions to ensure that confidentiality is maintained as required by NYS Mental Hygiene Law Section 33.13 and 45 CFR Parts 160 and 164 (HIPAA Privacy Rules).		
6. The P&P confirms that the spaces occupied by the individual receiving services and the distant Telehealth Practitioner meet the minimum standards for privacy expected for delivery of services, consistent with guidance of the Office.		
7. The P&P confirms that individuals who are Deaf or hard of hearing seeking Telehealth Services are accommodated with appropriate interpreter or communication access services and that language access needs are met for individuals with Limited English Proficiency when delivering Telehealth Services. The P&P identifies methods by which this will be fulfilled.		
8. The P&P addresses the assessment of the appropriateness for Telehealth Services, including consideration of specific clinical and other factors, consistent with OMH clinical guidelines. The P&P		

includes specific considerations and supports for individuals under 18, if served by the program.		
9. The P&P addresses each site’s strategy for maintaining capacity for in-person services, including the procedures to ensure minimal disruption in care and continuity with the treating clinician when possible.		
10. The P&P describes how individuals receiving services will be informed about Telehealth Services and how consent to participate will be obtained.		
11. The P&P includes procedures for prescribing medications through Telehealth Services.		
12. The P&P describes how progress notes and treatment/ recovery/ service plans will be developed and maintained for Telehealth Services.		
13. The P&P includes procedures in the event that emergency in-person evaluation becomes necessary, including specifics for situations in which the individual’s place of residence may be considered the originating/spoke site.		
14. The P&P includes procedures describing the contingency plan when there is a failure of transmission or other technical difficulties that render the service undeliverable.		
15. The P&P confirms that a review of Telehealth Services is incorporated within the Provider's quality management process, including that incident review and other quality improvement activities are performed for Telehealth Services in the same manner as for in-person services.		
16. The P&P confirms that applicable telehealth modifiers will be used on each claim line that represents Telehealth Services.		

Statement of Compliance and Signature:

I, [Print full name and title of the applicant] _____ hereby attest that the representations made on this attestation form are true, accurate and complete to the best of my knowledge. I understand that any falsification, omission, or concealment of material fact may result in revocation of approval to provide Telehealth Services at the above-referenced location(s) and/or may subject me to administrative, civil, or criminal liability.

Signature: _____
 Date: _____
 Program/Site: _____
 Provider: _____

For OMH Field Office: *This Attestation of Compliance has been reviewed for completeness. The Field Office is accepting the written plan of this Applicant based upon the representations made in this Attestation.*

Field Office Representative: _____
 Field Office Signature: _____
 Date: _____