



April 13, 2020

Documentation Guidance for Clinic Treatment Programs Regarding Emergency Response to COVID-19

Introduction

As a result of the current COVID-19 Disaster Emergency, service delivery across the system has transformed into a largely telemental health service modality. Although telemental health is a useful tool in these circumstances, it does pose challenges for Clinic Treatment Programs. To address these concerns, OMH is issuing documentation guidance intended to reduce the administrative burden on program staff, while ensuring the best possible provision of ongoing care and support.

New York State is in the midst of a rapidly evolving public health crisis, and guidance and recommendations are being updated frequently. OMH is working closely with the Department of Health and Center for Medicaid and Medicare Services to put in place program expectations and reduced billing standards, which will be announced in guidance as soon as possible. Providers should regularly review [OMH's Guidance Documents page](#) for updates.

Changes in Documentation Requirements during the Disaster Emergency Period:

For existing Clinic clients during the disaster emergency period:

- Treatment plan reviews are not required and may be postponed as needed.
- Providers may work under existing treatment plans and provide additional services as needed to ensure continuity of care and address mental health needs related to the disaster emergency.
- The need for additional services which were not already documented in the treatment plan should be documented in a progress note and approved by a physician at the earliest practicable time during or after the disaster emergency.

For new Clinic clients admitted during the COVID-19 disaster emergency period:

- Initial treatment plans and assessments may be established via telemental health capabilities (see [OMH telemental health guidance](#); [Admissions and Continuity of Care memo](#)).
- Specific timeframes for developing initial treatment plans are waived. Admissions should be prioritized and established in the most efficient way possible given the current disaster emergency.
- Signatures, including that of the physician and the client on all required documentation can be obtained verbally and documented in the record.

Assessments and initial treatment plans should be focused on presenting immediate needs of individuals including medication management, health and safety needs and acute psychiatric symptoms. Treatment should commence immediately.



Utilization Review

Providers may suspend their internal, written utilization review procedures, as required by OMH regulations, for the duration of the disaster emergency. It is OMH's expectation that this process will resume once the disaster emergency is over.