

New York State Office of Mental Health

COVID-19 Disaster Emergency FAQ

Revised: March 30, 2020

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

DOH Guidance on COVID-19 can be found here: <https://coronavirus.health.ny.gov/home>

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 agencies need to submit an E-Z PAR to alter office hours during the disaster emergency?	An E-Z PAR is not needed for changing hours for the duration of the disaster emergency, but agencies should notify the local Field Office of any reduction in hours. OMH Field Office contact information can be found here: https://omh.ny.gov/omhweb/aboutomh/fieldoffices.html



Q#	Topic	Question	Answer
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 agencies face an increased administrative burden at this time. OMH issued a letter on March 18, 2020 stating the January 1, 2019-December 31, 2019 CFR due date has been extended to August 1, 2020 for all OMH providers. OMH will continue to assess the need for additional extensions based on situational impacts. The 2019 CFR Extension Memo can be found here: https://omh.ny.gov/omhweb/guidance/cfr-due-date-extension-memo.pdf
3.	New Referrals	How should community-based behavioral health providers handle new referrals at this time? Can admissions be closed?	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.	NIMRS Reporting	Do agencies need to report COVID-19 cases in NIMRS?	No. This is not an incident that should be reported in NIMRS.
5.	Building Closures	Are agencies allowed to close the physical building of an OMH licensed/funded/operated outpatient program if they are using telehealth to provide existing services?	OMH licensed/funded/operated programs should continue to have on-site capacity to address the needs of recipients who may require face-to-face contact using infection control guidelines outlined by the NYS DOH and the CDC. Programs that provide long acting injectable medications, obtain samples for lab testing, and other services that must be done in-person, must make provisions for continuity of these services. OMH is allowing the use of telehealth and telephonic intervention across much of the provider system to allow maximum flexibility in service delivery. Agencies should continue to prioritize the health and safety of individuals served.
6.	Building Closures	Is there an expectation that clinics will remain open for those patients who cannot or will not participate in telemental health services?	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
7.	ACT	Will ACT Teams continue to receive referrals?	Yes.
8.	AOT	What is the impact of the disaster emergency on required AOT visits?	Teams should be in continuous contact with local government units related to AOT court orders. For more information, refer to the telemental health AOT question below (#51).
9.	CCBHC	Can CCBHCs use a Licensed Practical Nurse (LPN) in lieu of a Registered Nurse (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 onsite within the LPN scope of practice. 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.
10.	Clinic Outreach	Can clinics request welfare checks by Comprehensive Psychiatric Emergency Program (CPEP) mobile outreach or mobile crisis teams for clients who miss scheduled outpatient appointments?	As Mobile Crisis Teams are operating largely telephonically and reserving in-person response for the most high-risk referrals, OMH requests community providers conduct telephonic outreach internally and only refer high-risk individuals with a clear need for in-person evaluation.
11.	Mobile Crisis	Are Mobile Crisis services available during the COVID-19 disaster emergency?	Mobile Crisis services remain available across the State and Mobile Crisis providers are using all available tools to respond as needed.
12.	Residential	Can an OMH licensed housing program work with an outpatient program (clinic, PROS, ACT, etc.) to provide injectable medications to reduce risk of infection by having an outside staff come into the residential program?	Yes. OMH encourages collaboration between residential and treatment providers.

Telemental Health

Q#	Topic	Question	Answer
13.	High-Risk Populations	Can providers use telemental health to provide services to high-risk individuals?	<p>Providers must use their clinical discretion to determine the needs and appropriate response to individual circumstances. At this time, OMH is allowing telephonic intervention across much of the provider system to allow maximum flexibility in service delivery. Agencies should continue to prioritize the health and safety of individuals served.</p>
14.	Prescribing Controlled Substances	Can controlled substances be prescribed via telemental health services?	<p>Yes. CMS has temporarily waived provisions of the Ryan-Haight Act to allow practitioners to prescribe Schedule II-V controlled substances via telemedicine without an in-person medical evaluation provided:</p> <ol style="list-style-type: none"> 1. The prescription is issued for a legitimate medical purpose by a practitioner acting in the usual course of his/her professional practice; 2. The telemedicine communication is conducted using an audio-visual, real-time, two-way interactive communication system; & 3. The practitioner is acting in accordance with applicable Federal and State laws.* <p>For patients who have had an in-person medical evaluation previously, CMS is allowing practitioners to issue a prescription for a schedule II - V controlled substance after communicating with the patient via telemedicine, or any other means (including by telephone) so long as the prescription is issued for a legitimate medical purpose and the practitioner is acting in the usual course of his or her professional practice.</p> <p>*When prescribing via telemedicine, practitioners shall comply with all existing State laws and regulations pertaining to prescribing, including but not limited to: Education law 6902(3)(a)(ii), 7606, 7708, and 8407; Public Health Law 281, 3331, and 3343-a; and regulations of the New York State Department of Health at 10 NYCRR Part 80 unless waived by Executive Order. As of 3/23/20, none of these provisions have been waived.</p> <p>For more information consult the federal guidance at https://www.deadiversion.usdoj.gov/coronavirus.html.</p>



Q#	Topic	Question	Answer
15.	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.
16.	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.
17.	Self-Attestation	Do agencies with both OMH and OASAS programs need to submit separate Self-Attestations to each Office?	Yes.
18.	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.
19.	Telemental Health	Are services provided via text message or email included in the telemental health waiver?	No.
20.	Telemental Health	Is the use of telephone allowed or is it reserved only for video?	Yes. See supplemental guidance for more information.
21.	Telemental Health	Are we able to do group sessions via a phone teleconference number?	Yes. See supplemental guidance for more information.
22.	Telemental Health	Can mailed materials (e.g., exercise sheets, etc.) be considered a telemental health service?	No.
23.	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. Refer to question #25 below.
24.	Applicability	Does the OMH telemental health waiver apply to school-based health clinics?	No. The guidance issued by OMH for telemental health applies only to OMH programs and services. School based health providers should follow guidance from DOH. Article 31 School Based Mental Health Clinics should follow guidance issued by OMH.



Q#	Topic	Question	Answer
25.	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 applicable, or more generally visit the DOH website at: https://coronavirus.health.ny.gov/home . 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: https://www.dfs.ny.gov/industry_guidance/circular_letters
26.	Documentation	Are providers delivering services through telemental health required to record sessions and save those for documentation?	No. Providers must document informed consent from a client in order to record services.
27.	Telemental Health Equipment	Can providers use personal phones to conduct services telephonically?	Yes.
28.	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.
29.	Telemental Health Equipment	How can I help clients obtain mobile phones, additional data or minutes, and/or Wi-Fi for telemental health services?	Please refer to the DOH issued Comprehensive Guidance Regarding Use of Telehealth including Telephonic Services During the COVID-19 State of Emergency. See Section VII-Options to Support Members with Limited or Lack of Access to Devices and Services. https://health.ny.gov/health_care/medicaid/covid19/docs/2020-03_comp_tele_guide.pdf
30.	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.
31.	Telemental Health Equipment	Can providers bill for telemental health services if they block the phone number the call originated from?	Yes.



Q#	Topic	Question	Answer
32.	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 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"> • Skype for Business • Updox • VSee • Zoom for Healthcare • Doxy.me • Google G Suite Hangouts Meet <p>See OCR notice here: https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html</p>
33.	Practitioner Type	Which practitioner types are eligible to provide telemental health services?	<p>Telemental health is a service delivery mechanism. Anyone who can deliver a service in-person for an OMH licensed, funded, or designated program can deliver the service through telemental health.</p>
34.	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>



Q#	Topic	Question	Answer
35.	Practitioner Location	Can practitioners other than prescribers be physically located outside NYS while delivering services via telemental health?	Yes. Telemental health practitioner includes any professional, paraprofessional, or unlicensed behavioral health staff who deliver a qualified service via telemental health. Any limitations and restrictions pertaining to the location of the telemental health practitioner while providing service via telemental health are waived. To the extent a license is required to deliver a service, the practitioner must still be licensed in NYS.
36.	Consent	Is verbal consent allowable to begin telemental health services?	Yes. Verbal consent is allowable during the disaster emergency period. Please document this consent in the client record.
37.	Consent	Can consent be obtained in the same interaction that the service itself is being delivered?	Yes.
38.	Admission	Can we admit someone to an OMH licensed, designated, or funded program 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, including verbal consent, in the client record. Please refer to the OMH Admissions and Continuity of Care guidance: https://omh.ny.gov/omhweb/guidance/omh-covid-19-admissions-continuity-of-care.pdf
39.	Intakes	Are providers able to conduct intake for new clients using telehealth?	Yes.
40.	Initial Evaluations	Are initial evaluations permitted via emergency telehealth procedures?	Yes.
41.	Treatment Plans	Can clinics manage treatment plans remotely when a client cannot provide a signature?	Yes. The provider must document the verbal approval in the client's record.
42.	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 (including client or staff) cannot be obtained during the disaster emergency, the record should be updated to include evidence the document was discussed with and agreed upon by the individual.
43.	Documentation	Do providers need to document in the record the physical location of the provider and client?	No. During the disaster emergency period, OMH will not require this information.
44.	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.



Q#	Topic	Question	Answer
45.	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.
46.	ACT	Can ACT teams bill for collateral telephone contact?	Yes, up to 3 of the 6 contacts may be with collaterals, including telephonic.
47.	ACT/PROS	For ACT and PROS, may providers other than doctors and psychiatric nurse practitioners provide services using telemental health?	Yes. See supplemental telemental health guidance issued by OMH.
48.	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 are included in the Supplemental Guidance. Services delivered via the expanded telemental health allowances must comply with existing program regulations and guidance.
49.	PROS	What PROS services can be delivered via Telemental Health?	Any PROS service, including ORS, can be delivered via telemental health.
50.	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.).
51.	AOT	Are face-to-face requirements waived for individuals receiving AOT care management including ACT and Health Home Plus?	Yes, as clinically indicated.
52.	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"> 1. A single face-to-face meeting with the individual (or collateral for a child or adolescent) of at least 15 minutes. 2. A single Telehealth meeting with the individual (or collateral for a child or adolescent) of at least 15 minutes. 3. A single telephonic meeting with the individual (or collateral for a child or adolescent) of at least 15 minutes.
53.	CFTSS	Can providers delivering CFTSS designated services provide and bill for telephonic services?	Yes.



Q#	Topic	Question	Answer
54.	CFTSS	Can CFTSS be provided daily in 15-minute services instead of weekly for 1 hour?	Children and Family Treatment and Support Services (CFTSS) are all billable in 15-minute increments. Providers can make necessary changes to a treatment plan with documented verbal consent from the child and guardian. Rates can be found here: https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/proposed_spa.htm .
55.	Children's HCBS	How are telephonic Children's HCBS services billed?	Refer to DOH for information on telehealth for Children's HCBS.
56.	Services for Children	Can you please advise on how to provide telephonic services for young children? Some young children will be unable to participate in a full 30-minute telephonic session. Can we provide the service to the child and parent together, with most of the instruction to the parent on techniques to support their child with their mental health needs while out of school?	Many of the allowable services can be provided and billed in 15-minute increments. For services provided to collaterals or allowing collateral contacts, clinical interventions and supports can be offered to the parent or caregiver. Finally, for services that can only be provided and billed in 30-minute increments, services can be offered up to 30 minutes within a day in non-consecutive increments.
57.	Residential Treatment Facilities	Can clinicians in residential treatment facilities (RTFs) use telemental health to deliver services?	Residential Treatment Facilities can provide telemental health in accordance with the supplemental guidance issued by OMH.
58.	Children's Day Treatment	If Children's Day Treatment sites are closed, how can individuals continue to receive services?	Children's Day Treatment providers can use telemental health as outlined in the supplemental guidance. To bill for Children's Day Treatment telemental health when the normally required minimum timeframes of full or half day are not met, providers may bill the Collateral rate (4066) for 30-minute collateral contacts and the Crisis Services rate (4064) for telemental health services provided to children equaling a total of at least 30 minutes a day which does not have to be consecutive.
59.	Children's Day Treatment	How can providers bill for providing services to clients under 5 years old who are in a Therapeutic Preschool?	Licensed Children's Day Treatment providers can use telemental health as outlined in the supplemental guidance. To bill for Children's Day Treatment telemental health when the normally required minimum timeframes of full or half day are not met, providers may bill the Collateral rate (4066) for 30 minute collateral contacts and the Crisis Services rate (4064) for telemental health services provided to children equaling a total of at least 30 minutes a day which does not have to be consecutive.

Q#	Topic	Question	Answer
60.	Partial Hospitalization	If Partial Hospitalization sites are closed, how can individuals continue to receive services?	Partial Hospitalization providers can use telemental health as outlined in the supplemental guidance. 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.
61.	Continuing Day Treatment	If Continuing Day Treatment sites are closed, how can individuals continue to receive services?	Continuing Day Treatment (CDT) providers can use telemental health as outlined in the supplemental guidance. 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.
62.	Mobile Crisis	Are Mobile Crisis Services included in the OMH telemental health waiver?	Yes. State-approved Mobile Crisis providers through the NYS 1115 Waiver Crisis Intervention Benefit, CFTSS, and mobile crisis services operated by CPEPs, are included in the OMH telemental health waiver and can deliver services via telemental health and be reimbursed.
63.	Recovery Coordination	Can the NYS Eligibility Assessment be conducted via telemental health, including both the initial and re-assessment?	Yes, the NYS Eligibility Assessment may be conducted via telemental health. This includes both the initial assessment and re-assessments.
64.	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.
65.	Billing	Should the telemental health service be billed as an "on-site" visit or "off-site" visit?	It is considered an "on-site" visit.
66.	Billing	Should providers use the GT or 95 modifiers for services delivered telephonically and/or via video?	Yes.
67.	Billing	Is there a difference between the GT and 95 modifiers, and when should each be used?	Modifier 95 is used for specific synchronous telemedicine services. There are over 70 CPT codes that may be coded with the 95 modifier. They are outlined in Appendix P of the AMA CPT Coding Manual. All other procedure codes, including all HCPCS codes, will need to use Modifier GT.
68.	Billing	Should clinical and medical staff use different CPT codes and add-ons for services provided through telemental health?	The same procedure codes should continue to be used for both clinical and medical staff. Use the appropriate telemedicine modifier for the service provided.

Q#	Topic	Question	Answer
69.	Medicaid Managed Care Plans	Are Medicaid Managed Care Plans (MMCPs) required to accept these emergency procedures without adding criteria or additional requirements?	Yes. OMH issued communication to MMCPs stating no additional paperwork or criteria may be requested from providers to allow for telemental health billing and reimbursement, as this would delay service access during a time when rapid response is critical. Providers should contact the at Transformation@omh.ny.gov if they are asked by MMCPs to complete additional requirements in order to be paid for telemental health services provided.

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.	CMS	Centers for Medicare & Medicaid Services
9.	COVID-19	Coronavirus Disease 2019
10.	CPEP	Comprehensive Psychiatric Emergency Program
11.	CPT	Current Procedural Terminology
12.	DFS	NYS Department of Financial Services
13.	DOH	New York State Department of Health
14.	HIPAA	Health Insurance Portability and Accountability Act
15.	IRP	Individualized Recovery Plan
16.	MMCP	Medicaid Managed Care Plan
17.	NIMRS	New York State Incident Management and Reporting System
18.	NYS	New York State
19.	OASAS	New York State Office of Addiction Services and Supports
20.	OCFS	New York State Office of Children and Family Services
21.	OMH	New York State Office of Mental Health



#	Acronym	Definition
22.	ORS	Ongoing Rehabilitation and Support
23.	PH	Partial Hospitalization
24.	PPE	Personal Protective Equipment
25.	PPS	Prospective Payment System
26.	PROS	Personalized Recovery Oriented Services
27.	RTF	Residential Treatment Facility
28.	SRO	Single Room Occupancy Housing
29.	TCM	Targeted Case Management