



Supplemental Guidance Regarding Use of Telehealth for People Served in OMH-Licensed or Funded Residential Programs During the Disaster Emergency

Date Issued: March 19, 2020

This Supplemental 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 Supplemental Guidance waives the face-to-face requirements for delivery of services in residential programs licensed or funded by OMH for the duration of the declared disaster emergency. In lieu of face-to-face contact, providers may utilize telephonic or telehealth capabilities.

This guidance does NOT waive the requirement for onsite staffing in programs with 24-hour staffing. While there may be circumstances where it is appropriate for these programs to utilize telehealth to deliver services (if an individual is self-quarantining in their apartment, for example), it does not exempt the program from having onsite staff.

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 residential 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 Supplemental Guidance is applicable to the following OMH residential programs (program codes):

- Adult and Children's Community Residences (6070)
- Apartment/Treatment Programs (7070)
- Supported Housing Community Services (6060)
- Supported/Single Room Occupancy (SP-SRO) (5070)
- SRO Community Residence (CR-SRO) (8050)
- Residential Treatment Facilities (RTF) (1080)



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Service Delivery:

This Supplemental Guidance only addresses service delivery modality, it DOES NOT change the funding amount, nor the service requirements. For example, OMH Supportive Housing Guidelines require a monthly contact and quarterly face-to-face contact. These services may be provided telephonically or by video, as described above.

- Providers may deliver any service appropriate for individuals to receive via telemental health. 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 needs are met. Examples of this may be medication supervision, assistance accessing food or medications, etc.
- 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>
- Programs billing Medicaid should follow previously issued guidance regarding billing codes.