

Preserving the Gains in Telehealth for Behavioral Health

Navigating documentation guidance from the NYS OMH, NYS OASAS, and NYS OPWDD

We're hearing a lot about the benefits created by the move to telehealth for consumers and providers in communities across NYS. To support continued progress in this critical area, we've summarized the latest guidance on documentation and related requirements for this mode of service delivery.

Here are answers to some common questions consistent within the NYS OMH and NYS OASAS agencies:

Our agency has submitted its Attestation to become eligible to provide telehealth services. How should we document approval?

- ▶ Attestations are considered effective once submitted. Keep a copy of the submission and any related response to document authorization.

How can we address confidentiality?

- ▶ Providers should arrange to deliver telehealth services in the most private and confidential locations possible. Document that the patient has been made aware that the encounter is being conducted via telephone or two-way, private audio-visual technology. Providers should ask the patients where they are located and if the location is private. Verbal acknowledgment is sufficient and should be documented.

How do we manage obtaining treatment consent?

- ▶ Informed consent continues to be required. If signatures cannot be obtained during COVID-19 emergency period, the record should be updated to include evidence the document was discussed with and agreed upon by the individual. Verbal consent is accepted and must be documented in the treatment record. Follow-up to obtain written consent is expected as soon as it is possible.

On treatment and service plans, is verbal sign-off from both providers and patients acceptable? Can other documents that need patient signatures also be with verbal consent?

- ▶ Until such time as physical signatures can be obtained, providers should document all necessary consents and other signature requirements obtained verbally.

Where can I find additional guidance?

- ▶ State agencies continue to update and refine guidance related to telehealth service delivery, including:
- ▶ The New York State Office of Mental Health recently published [OMH COVID-19 Disaster Emergency Telemental Health and Program Guidance](#) for the following programs:

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| 1. Designated Providers of Adult Behavioral Health Home and Community-Based Services and Recovery Coordination | 5. Assertive Community Treatment Programs |
| 2. Adult and Children's Residential Programs | 6. Adult Continuing Day Treatment Programs |
| 3. Children's Residential Treatment Facilities | 7. Children's Day Treatment Programs |
| 4. Clinic Treatment Programs | 8. Partial Hospitalization Programs |
| | 9. Personalized Recovery-Oriented Services Programs |



Common changes detailed in the recent [OMH COVID-19 Disaster Emergency Telemental Health and Program Guidance](#) regarding documentation requirements in response to COVID-19 are:

- ⦿ Signatures on all required documentation can be obtained verbally and documented in the record.
- ⦿ Treatment/Service Plans: Providers may work under existing service plans and provide additional services as needed to ensure continuity of care and address mental health needs related to the disaster emergency.
- ⦿ Additional Services: The need for any additional services not already documented in the service plan should be documented in a progress note. These services should be added to the service plan at the earliest practicable time during or after the disaster emergency.
- ⦿ Initial Service Plans: May be established via telehealth capabilities.
- ⦿ Timeframes: Specific timeframes for developing initial service plans are waived and are modified for certain treatment modalities.
 - The length of the treatment session delivered via telehealth and/or frequency may be reduced and should be included in the service record to support billing.
 - Outreach attempts per week should be documented in the client record where applicable (e.g. PROS).
- ⦿ 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.

The New York State Office for People with Developmental Disabilities provides the following guidance for documentation of a service encounter delivered by telehealth in response to COVID-19:

The reason for the encounter	Name and credential of the provider
Date of the visit	Visit start and end time and duration
Location of the provider and individual receiving service	Note whether the session was successful or whether the session was interrupted due to the technology or equipment failure
Note any plans for follow-up, after care, or prescribed treatment	Note if a staff person or a member of the individual’s circle of support attended the session and identify such person(s) by name and title

➔ Please review the guidance published by the oversight agency and specific program to verify service modifications and applicable documentation requirements.

Reference Documents:

1. <https://oasas.ny.gov/system/files/documents/2020/04/telepractice-faqs.pdf>
2. <https://omh.ny.gov/omhweb/guidance/effective-date-covid-19-telemental-program-guidance.pdf>
3. https://opwdd.ny.gov/system/files/documents/2020/04/opwdd_covid19_telehealth_revised_4.10.2020.pdf

We’re here to help...

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