

Administrative considerations for continued telehealth delivery

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At the start of the pandemic, most organizations had 24 hours to transition from in-person services to virtual services. As organizations begin to transition back to in-person services or a mixture of in-person and virtual services, there are a number of considerations:

1. Does your organization need to submit telehealth certification(s) under the non-pandemic guidelines?

Under the emergency regulations issued by OASAS and OMH, organizations were able to complete a short attestation and begin delivering virtual services immediately. Organizations without full certification or with certification for a limited number of programs, should determine what program(s) can be delivered effectively in a virtual manner. Then organizations should submit certifications for these programs.

2. Is your organization collecting data on telehealth and risk stratifying clients?

Organizations should objectively measure the effectiveness of telehealth services. Did engagement improve after the implementation of telehealth? Did no-show rates decrease? Are these changes sustained after the economy re-opens? Organizations should also dive into the data and see if there are groups of individuals who respond better to telehealth than others.

3. Does your organization have a financial model for delivering telehealth services?

Organizations should be mindful about whether it is sustainable to deliver services via telehealth, particularly related to IT infrastructure and licensing a HIPPA-compliant platform for service delivery. Are telehealth services reimbursed at a similar rate to in-person services or are they reimbursed at a lower rate? Will greater volume be needed to make up the difference in reimbursement levels?

4. How are telehealth consents included in the clinical workflow?

Organizations should consider adding a telehealth consent form to their client intake process or check-in process - regardless of whether an individual will receive telehealth services. During the pandemic the need for a signed consent was waived, however, organizations are expected to have clients sign a consent once the pandemic ends. Having telehealth consents on hand for all clients will ease the return to all virtual services if necessary.

5. Do you have materials explaining telehealth in simple and concise language?

Current clients may by this point be comfortable with telehealth services. However, new clients may have less familiarity with telehealth services. Organizations should consider developing simple and concise fact sheets that explain telehealth and provide tips on how to have a successful telehealth visit. Staff members should also be able to explain telehealth to clients, as well as, the pros and cons.



See the document HMA created to help patients have a successful telehealth visit located in the best practice folder.

6. Which staff members will deliver telehealth services?

Organizations should have a plan for which staff members will continue to deliver services by telehealth. Will all staff have the option to deliver telehealth services? Are there staff members with disability considerations who need to continue to work from home? Do some staff excel at (and enjoy) telehealth service delivery? Will staff have specific days when they will deliver telehealth services? Note, that it is considered best practice for a staff members not to switch between delivering telehealth and in-person services every hour, due to the need to shift thinking, cues, etc.

Additional resources

1. Peterson, A.J., and Oss, M. The definitive guide to leveraging telehealth. See <https://www.ntst.com/lp/Definitive-guide-telehealth>
- 2.



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