

Sample NYS Telepractice & Telemental Health Policy & Procedures

NOTES ON POLICIES & PROCEDURES:

The following sample policy and procedures were written using CNY BHCC partner policies. The goal is to provide a guide for designing your own policies and procedures. Organizations should review the policies with the appropriate team and tailor to your own agency.

Notes on utilizing the following document:

1. The order of the policies and procedures generally follows the outline in the Office of Mental Health [Telemental Health Services Guidance for Local Providers](#). Additional information related to OASAS is at the end.
2. Information that is required by OMH, but not OASAS is designated in the text as such and vice versa.
3. The OMH attestation numbers listed under each policy and procedure refer to the attestation list that must be initialed and the page number/section that must be listed.
4. Items in green and brackets should be replaced with agency specific information.

Any documents shared by CNY BHCC to respond to the challenges of COVID-19 are prepared based on the information available at the time of creation and are offered to assist our partners in combating this pandemic. It is each organization's responsibility to do their own due diligence if using other's documents and ensuring documents are based on most recent guidance. Any documents used should be reviewed by your own teams/counsel to ensure you are meeting your own regulations and standards. CNY BHCC and/or creators of shared resources shall not be held responsible for the use of their documents by partners. Please continue to utilize resources provided by CDC, NYS DOH, NYS OMH, NYS OASAS and NYS OPWDD.

Purpose: To assure telepractice is provided in accordance with NYS OASAS Telepractice/ NYS OMH Telemental Health standards.

Application: Effective for [ORGANIZATION NAME] services

Revised: October 2, 2020

Definition of Telepractice:

“Telepractice” means the use of two-way real-time interactive telecommunication system for the purpose of providing certain addiction services at a distance” (See [4 NYCRR PART 830: Designated Services](#)).

Definition of Telemental Health:

“Telemental health is defined as the use of two-way real-time interactive audio and video equipment to provide and support mental health services at a distance. Such services do not include a telephone conversation, electronic mail message, or facsimile transmission between a provider and a recipient or a consultation between two physicians or nurse practitioners, or other staff, although these activities may support Telemental Health Services” (See [Part 596 Telemental Health Regulations](#)).

PRACTITIONER

Applies to OMH Attestation numbers: 2

Practitioners must be:

- Employed by [organization name]
- Have an executed contract or memorandum of understanding (MOU) to perform such services with [organization name]
- Be affiliated with an entity with which the designated program/agency has an MOU or contract for the provision of telehealth services

The practitioner must ensure protection of confidentiality, must utilize the agency’s approved electronic health record (EHR) and must have the availability of private space to conduct telehealth sessions.

Additional OMH language:

The practitioner must:

- Possess a current, valid license, permit, or limited permit to practice in New York State
- Directly render the telemental health service
- Abide by the laws and regulations of the State of New York including the New York State Mental Hygiene Law and any other law, regulation, or policy that governs the assessment or treatment service being provided
- Adhere to the same laws, rules, and regulations and exercise the same standards of care and competencies required for in-house delivered services

- Utilize evidence-based telehealth or Telemental Health Practice guidelines and standards of practice, to the degree they are available, to ensure recipient safety, quality of care, and positive outcomes
- Deliver services from a secure site/location which ensures the minimum standards for privacy for recipient-clinician interaction as outlined in [596.6\(a\)\(vi\)\(a\)](#)

PRACTICE PROCEDURES (OASAS)/GENERAL PROGRAM PROCEDURES (OMH)

Applies to OMH Attestation numbers: 2, 4, 7, 8, 9

Scheduling & Client Check-in:

If telehealth regulations are not waived:

An initial clinical assessment must be completed and entered within the EHR prior to a telehealth session being conducted. Once identified as appropriate for telehealth, the subsequent telehealth session(s) will be scheduled in the EHR using [\[insert code/telehealth designation\]](#). Staff will educate the client on telehealth including the benefits and risks. Client will be asked to sign a consent to receive telehealth and this will be maintained in the EHR.

If telehealth regulations are waived:

The client calls the office and requests an appointment. The staff member gives the client the option to receive services in person or via telehealth. The staff member will complete a telehealth question screening on the client's current technology, internet access, and potential for privacy. Staff will educate the client on the benefits and risks of telehealth.

If the client does not consent to receive services via telehealth, schedule an in-person appointment following the typical procedures. The individual may also request an initial in-person appointment and then to receive services via telehealth. If a person consents to receive telehealth, document their choice in the EHR and schedule in the EHR using [\[insert code/telehealth designation\]](#).

If a person consents to telehealth and does not plan to come to the office, a signed consent form will still be obtained. If the client has access to a printer and scanner, the consent will be sent via email for completion. If the client does not have access to a printer and scanner, a consent form will be sent to the client with a postmarked return envelope to sign and return.

Documentation & Record Keeping:

The [\[ORGANIZATION NAME\]](#) staff person shall document in the EHR using the appropriate forms for the service conducted. All documentation and record keeping will be in compliance with program regulations, procedures and CLN13, client confidentiality and medical records. See Documentation Section on page [\[insert page number\]](#) for additional guidance.

Access to Client Records: (required by OASAS, optional for OMH)

The [\[ORGANIZATION NAME\]](#) staff person will have access to the client record through the EHR. The [\[ORGANIZATION NAME\]](#) staff person will access the EHR on an agency issued electronic device. It is expected that the [\[ORGANIZATION NAME\]](#) staff person will conduct all telehealth sessions in a private location and ensure that no protected health information (PHI) is visible to other individuals. Access is conducted in an encrypted and HIPAA-compliant platform. [\[Organization may want to consider including additional information on their EHR here or link to the EHR vendor's explanation.\]](#)

Role of Support Staff:

Support staff may provide support to the client prior to initial telehealth session by instructing the client on how to participate in the telehealth session. If the support staff is present with the client, either in the community or in the clinic, the support staff may assist the client in setting up the telehealth visit on the electronic device to be used and/or take vital signs or other necessary assessments within their scope of practice to share with the practitioner conducting the telehealth session. All assessment information will be documented in the EHR. Support staff are trained and prepared to implement an approved contingency plan should audio/visual interruptions occur.

Communication Interruptions & Contingency Plan when Client is Independently Participating in Telehealth:

In the event of interruptions in internet connectivity on either the [ORGANIZATION NAME] staff or client side, the [ORGANIZATION NAME] staff person will contact the client via telephone to reschedule the appointment. The appointment may be rescheduled for an alternate day/time via telehealth or in-person, as appropriate, and/or arrange for an alternate method of telehealth (i.e. using an alternate platform).

Cultural & Linguistic Appropriateness:

During the initial clinical assessment, the clinician will determine if the client is appropriate for telehealth services or may be in need of any additional supports, including training, equipment or interpreter services. If the client is not appropriate for telehealth services, then they should continue to receive services in the clinic as needed.

Culturally competent translation services will be provided when the individual and practitioner do not speak the same language. The practitioner will work with [interpreter company] to set up interpreting services and utilize the “interpreter used” code in the progress note.

PHYSICAL ENVIRONMENT

Applies to OMH Attestation numbers: 6

Location:

For telehealth where client is participating independently in the community, client will be asked if they are in a private place where they can participate in the session privately. The clinician will go over the emergency plan including who to call in case of an emergency. See Emergency Procedures Section on page [insert page number] for additional guidance.

The [ORGANIZATION NAME] staff will either be in their office at the clinic or at a private place where client confidentiality can be ensured.

Room Setting & Lighting/Backdrop:

The clinician will:

1. Eliminate distractions from the background. What may look good in person, may look cluttered or distracting on camera. Décor will be appropriate (i.e. no alcohol or drug references, posters or pictures with derogatory slurs/sayings).

2. Try to frame their set-up so that the camera is slightly higher than them allowing them to look right into it. Looking at the camera instead of the video gives the appearance of making eye contact.
3. Use diffused light. Try to avoid having a bright window or lamp right behind them. This can make it difficult for the other participant to see.
4. Ensure room is free from distraction of pets, children, and other individuals.

SITE CHECK-IN & PROCEDURES (required by OMH, optional for OASAS)

Applies to OMH Attestation numbers: 4, 15

Addressing Technical Issues

IT staff are available in real-time, whether in person or via telephone or chat features, to ensure efficient real-time troubleshooting of technical issues occurring during a telehealth visit.

Clients are educated prior to start of session on how to contact designated staff for help; designated staff will be readily available both via chat or telephone, and in main organization reception area, for ease of access.

If technical issues cannot be resolved on either the [ORGANIZATION NAME] staff or client side, the [ORGANIZATION NAME] staff will contact the client via telephone to reschedule the appointment. The appointment may be rescheduled for an alternate day/time via telehealth or in-person, as appropriate, and/or arrange for an alternate method of telehealth (i.e. using an alternate platform).

On-Site Telehealth Check In & Set-Up:

The client will check-in the reception area as they would for an in-person appointment. Prior to escorting the individual to the designated telehealth room, staff will inspect the room to ensure it is free from sharp objects, pens, pencils, paper clips, and any other objects that could be used to harm the client or others. Staff will escort client to appropriately designated private room to begin telehealth services; ensuring that session and conversations remain private without being overheard by others in office.

Staff will be trained on use of available telehealth equipment, and will educate client on proper use and technical process prior to the start of their session. Staff will ensure successful audio/visual connection prior to leaving designated room. Staff will identify the client and confirm with the practitioner that the client is who they are supposed to see.

Community-based Telehealth Visit

Designated staff (as determined by organization) will reach out via phone to confirm appointment at least one day before appointment. If video links or web address is needed for sign-in, designated staff will provide this no less than 1 hour prior to scheduled appointment time. If the client needs assistance setting up the visit, they may telephone staff at [insert agency number]. Staff will walk the client through the process of setting up the visit.

Once connected, the practitioner and the client will verify their identity. New clients will be asked to provide identification in the form of a state id, passport, credit card, birth certificate, etc.

EMERGENCY PROCEDURES

Applies to OMH Attestation numbers: 14

Designation of an Emergency Contact & Client Location:

At the beginning of each telehealth session, the practitioner should ask the client what their location is (address, landmark, etc.), if it is private, and for a telephone number they can be reached at in the event of a technology disruption or emergency. An emergency contact will be in place in the client record in the event that the practitioner needs to contact them with a concern regarding the client.

Process to Engage On-Site Staff & Supervisor in Case of Emergency

Practitioners will know where to find—and have access to—a supervisor on-call schedule; for contacting an appropriate supervisor should emergency services and/or client hospitalization be required. Should emergency services be contacted, an on-call supervisor shall be notified within 1 hour of the emergency, or as otherwise directed by the organization's emergency response policies.

Procedure in Case an Emergency Hospitalization or Call to Emergency Services is Needed

Practitioner will have access to the client record in real-time should emergency services need to be contacted and provided with pertinent medical and/or contact information.

Practitioner will be educated on, and should abide by, all emergency procedures previously designated by the organization for responding to emergencies. Practitioners should engage in and complete emergency preparedness training through their organization at a minimum of yearly, or as mandated by their Human Resources department. This training shall include education on duty-to-warn, suicide risk assessments, and dealing with 911 services.

Should emergency services, 911, or client's emergency contacts be contacted out of concern for a client, the practitioner shall follow the laws of minimum disclosure necessary to protect the client's PHI while soliciting the appropriate emergency response.

All crises and emergencies shall be documented thoroughly in the EHR within 24 hours of the identified emergency, or within the organization's previously identified time-frame. An organization incident report shall be completed by the practitioner for any and all emergencies which occur within 24 hours of the incident or as indicated by HR incident-reporting policies.

RECIPIENT ENROLLMENT FOR TELEMENTAL HEALTH SERVICES/ CLIENT SUITABILITY FOR TELEPRACTICE

Applies to OMH Attestation numbers: 1, 12

Specific to OMH: Telemental health services will only be offered to a client because they are necessary to improve the quality of care of the client or because telemental health services are necessary to address workforce shortages.

Identification for telehealth sessions requires at a minimum at least one in-person clinical evaluation prior to participation in a telehealth session. Additional evaluations may be required for medication assisted treatment using controlled substances.

The determination of patient suitability for telehealth must be documented within the agency EHR by the [ORGANIZATION NAME] staff member conducting the clinical evaluation, indicating that both the patient and staff agree to continuation of treatment via telehealth services with the approved telehealth platform.

Specific to OMH: The clinical evaluation for the recipient's appropriateness for telemental health includes the following considerations:

- Appropriateness based on clinical situation, including whether a recipient may be appropriate to receive telemental health services from/to their place of residence or other temporary location
- Recipient's awareness, familiarization with the process
- Concerns regarding instability, suicidal ideation, violence, etc.
- Symptoms that could worsen with telemental health (psychosis with ideas of reference, paranoid/delusions related to technology, etc.)
- Medical issues
- Cognitive/sensory concerns
- Cultural and linguistic
- Whether or not a recipient should be accompanied by a staff member during telemental health encounters
- Services provided to recipients under age 18 (refer to the AACAP Practice Parameter)

INFORMED CONSENT

Applies to OMH Attestation numbers: 13

If telehealth regulations are waived:

The client calls the office and requests an appointment. The staff member gives the client the option to receive services in person or via telehealth. The staff completes the telehealth question screening. If the client is a good candidate for telehealth explain:

- Telehealth allows a person to receive virtual care either through audio-video connection or telephone. Using this method, the person may receive care at their home.
- Telehealth can make it easier to receive care and improve the amount of time it takes to see a provider. Telehealth is delivered using a secure platform that meets health care privacy standards.
- Some services may not be available via telehealth such as checking vital signs. A staff member will not be present with the client.

- Care will not be withheld if the telehealth encounter is refused, although such care could depend on the availability of alternative resources.

If the client does not consent to receive telehealth, schedule an in-person appointment following the typical procedures. If a person consents to receive telehealth, document their choice in the EHR and schedule the appointment.

If a person consents to telehealth and does not plan to come to the office, a signed consent form will still be obtained. If the client has access to a printer and scanner, the consent will be sent via email for completion. If the client does not have access to a printer and scanner, a consent form will be sent to the client with a postmarked return envelope to sign and return.

At the beginning of each telehealth visit, have the client consent to receive services via telehealth and document in the EHR.

If telehealth regulations are not waived:

During the first visit determine whether the client is appropriate to receive telehealth services. The staff member explains:

- Telehealth allows a person to receive virtual care either through audio-video connection or telephone. Using this method, the person may receive care at their home.
- Telehealth can make it easier to receive care and improve the amount of time it takes to see a provider. Telehealth is/is not delivered using a secure platform that meets health care privacy standards.
- Care will not be withheld if the telehealth encounter were refused, although such care could depend on the availability of alternative resources.

If client consents, have them complete the informed consent form. Front desk staff will schedule and explain how to access telehealth services.

At the beginning of each telehealth visit, have the client consent to receive services via telehealth and document in the EHR.

DOCUMENTATION

Applies to OMH Attestation numbers: 11, 17

The following will be included within the progress note:

- Location of the telemental health practitioner/staff member
- Location of the recipient
- Whether or not a recipient is accompanied by a staff member during the telehealth health encounter
- If the encounter was disrupted due to equipment failure, and the plan for follow up
- The appropriate modifier (GT or 95) to identify the encounter was performed via telehealth

Billing

Licensed or designated programs utilizing telehealth must use the claim modifiers “95” or “GT” to identify use of telehealth services. This modifier must be on each claim line that represents a

service via telehealth. Staff will follow designated agency billing procedures to bill for telehealth services.

COLLABORATING WITH RECIPIENT'S INTERDISCIPLINARY TREATMENT TEAM - OMH ONLY

OMH Attestation numbers do not apply, but expected to be included in policy and procedures

The clinician will ensure that the client's primary care clinician is included in the client's medical record and at least once per year ensure that the information is updated. If the client has documented consent, then the clinician will use this to share relevant information.

CARE BETWEEN TELEMENTAL HEALTH ENCOUNTERS - OMH Only

OMH Attestation numbers do not apply, but expected to be included in policy and procedures

The client will be instructed to call the organization's main line if they have questions or concerns between telehealth encounters. The clinician will explain that they cannot utilize the telehealth software to contact staff. If the client is having an emergency they should call 911 or go to the emergency room.

Support staff will follow-up as needed between encounters to provide appointment reminders, and assist with filling labs, orders, and prescriptions.

PRESCRIPTIONS, LABS & ORDERS - OMH Only

Applies to OMH Attestation numbers: 10

The prescriber will confirm with the client their pharmacy of choice and lab provider if they have one.

Prescribers providing telemental health services are required to have real-time access to the client's electronic medical record. The prescription will be sent to the pharmacy of choice using electronic prescribing. Labs and other orders will also be sent via electronic means.

Any medication prescribed will be documented in the client's medical record. The prescriber will manage a telemental health client's medication(s) throughout the course of treatment. Labs and other orders will also be documented in the client's medical record.

If a client misses a telemental health appointment and needs a prescription refill or has any questions about his/her medication, labs and/or orders, the client is directed to call the organization at [insert phone number]. Staff at the spoke/client site will contact the prescriber directly to discuss the prescription refill or question. Clients are asked to call the organization at least [insert number] hours prior to running out of medication.

CONFIDENTIALITY & PRIVACY OF HEALTH INFORMATION

Applies to OMH Attestation numbers: 3,5,6,11

Organizational staff must follow the same standards to protect client confidentiality and privacy for a telehealth visit as they would for an in-person visit. See current policy around client confidentiality and privacy.

Staff & Client Location:

Staff location must be private and every effort should be made to educate clients on the importance of a private space. See Physical Environment Section on page [insert page number] for additional guidance.

Delivery of Telehealth Services:

Telehealth services are delivered via a HIPAA compliant platform that meets the encryption and security standards in place in New York State. [Consider adding additional details or a link to the privacy standards of your organization's telehealth platform.]

Access to Medical Records:

In order to provide a telehealth visit, clinicians and other necessary staff must have real-time access to the client's electronic health record. The [ORGANIZATION NAME] staff person will access the EHR on an agency issued electronic device. It is expected that the [ORGANIZATION NAME] staff person will conduct all telehealth sessions in a private location and ensure that no PHI is visible to other individuals. Access is conducted in an encrypted and HIPAA-compliant platform.

Documentation:

Clinician delivering services via telehealth are expected to conform to the policies and procedures of the organization where the client is admitted related to the provision of care, including (but not limited to) documentation of initial evaluation, diagnoses, treatment planning, ongoing documentation of encounters, discharge summaries, etc. Clinicians using telehealth health must document care in a timely manner [insert agency standards].

QUALITY REVIEW

Applies to OMH Attestation numbers: 16

Quality review is to be conducted on a periodic basis to identify any risks and quality issues related to:

- Equipment and connectivity;
- Attempted vs completed telepractice sessions;
- Patient and provider satisfaction. Every telehealth session must include a review of the patient's satisfaction with the provision of services via telehealth.
- Provider complaints related to the encounter
- Measures related to the clinical quality such as whether the encounter was appropriate to be delivered via telehealth

The Continuous Quality Improvement Team will periodically review the documentation, outcomes and satisfaction of the patient receiving telehealth services to ensure that the services are effective, in compliance with this procedure and applicable regulations and that review the patients' level of satisfaction.

TREATING PATIENTS WITH BUPRENORPHINE VIA TELEPRACTICE - OASAS Only

Both designated programs and practitioners prescribing buprenorphine products must meet the requirements of the laws and regulations of the U.S. Department of Health and Human Services, Drug Enforcement Administration, and New York State.

Patients and prospective patients seeking buprenorphine must have at least one in person, face-to-face evaluation session with the DATA 2000 waived practitioner physically present with the patient prior to participation in telepractice for purposes of receiving buprenorphine.

If a DEA approved practitioner is physically present with the patient, then the initial face-to-face evaluation indicated above may be conducted via telepractice with the DATA 2000 waived prescriber.

Subsequent follow-up MAT appointments for continuation of medication may occur via telehealth.

For more information, see the CSAT guidelines as applied to the office-based opioid treatment (OBOT) programs.