Telepractice Standards for OASAS Designated Providers

I  Introduction

The purpose of this document is to provide guidance to providers seeking designation pursuant to 14 NYCRR Part 830 to deliver services via telepractice. Telepractice is a means of delivering services provided by an OASAS certified program subject to any other regulations applicable to the program’s certified modality regarding evaluations, admissions, treatment/recovery plan development and review, discharge, etc. The program must have received an operating certificate “designation” from the Office to utilize this means of service delivery.

II  General Program Standards

Adding a designation to the operating certificate
- Pursuant to 14 NYCRR Part 830, telepractice is an optional means of service delivery available to OASAS certified programs. Providers requesting authorization to use this means of service delivery must submit a Telepractice Plan and Attestation (Appendix I) to their Regional Office and to the OASAS Bureau of Certification at 1450 Western Ave., Albany, NY 12203 or at certification@oasas.ny.gov.

Attestation
- A program applying for designation to provide telepractice services must attest to conformance with provisions of Part 830.
- Upon acceptance of such Attestation, OASAS will provide a written approval in addition to designation on an operating certificate.

Practitioners
- Practitioners must be:
  o employed by the OASAS designated provider; or
  o employed by another OASAS certified provider; or
  o have an executed contract or memorandum of understanding (MOU) to perform such services with the designated program; or
  o be affiliated with an entity with which the designated program has an MOU or contract for the provision of telepractice services.
- The practitioner must ensure protection of confidentiality, including the use of locked files or protected electronic health records (EHR) and the availability of private space to conduct telepractice sessions.
Program Policies and Procedures

- Prior to delivering services via telepractice, program policies and procedures addressing the role of both the originating site and the distant site must be in place addressing, at a minimum, the topics listed below:

Practice Procedures

- Scheduling and patient check-in (patient, practitioner, and room)
- Documentation and record keeping of care provided via telepractice
- Access to patient records at both originating and distant sites (electronic and paper)
- Role of support staff (collecting vital signs, setting up equipment and making video connection for each scheduled session, responding to emergency, etc.)
- Communication interruptions and contingency plans

Physical Environment

- Location (privacy, proximity for escort or emergency situation)
- Room setting: Lighting, backdrop, furniture
- Protection of patient confidentiality at both originating and distant sites; including obtaining any applicable patient consents.

Emergency Procedures

- Process to engage with identified on-site staff should there be clinical or safety concerns.
- Education and training related to emergency procedures at both distant and originating sites.

Patient Suitability for Telepractice; Informed Consent

- Process for clinician determining and documenting a patient’s suitability for telepractice services including clinical, and psycho-social factors.
- All patients and prospective patients must have at least one in-person evaluation session with clinical staff prior to participation in telepractice. If found suitable for telepractice, the patient or prospective patient must execute a statement of informed consent prior to receiving services via telepractice. This evaluation for suitability for telepractice may be the same day as the first telepractice session.
- Note: buprenorphine requires a preliminary face-to-face evaluation by the Drug Addiction Treatment Act (DATA) 2000 waived prescribing professional (see III below).

Confidentiality and privacy of health information

- Procedures must identify how relevant privacy and security regulations and policies will be followed and confirmed (e.g., 45 C.F.R. Parts 160 and 164, including HITECH breach notification procedures (HIPAA); and 42 C.F.R. Part 2).
Quality Review
- Quality review must 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. At every telepractice session the practitioner must review the patient's satisfaction with the provision of services via telepractice.

III Treating Patients with Buprenorphine

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

IV Billing Guidance; Medicaid

- **Office approved services.** If applicable, Medicaid or other third-party reimbursement for services delivered via telepractice by OASAS designated providers may be sought only for services the Office has approved as deliverable via telepractice pursuant to Part 830.
- **Programs should consult the most recent DOH Medicaid Update for information on billing, code modifiers and any allowable additional fees (administration or facility).**

- **Contract or MOU.** Providers participating in telepractice via agreement (contract or MOU) with practitioners must submit claims pursuant to the terms of the agreement.
  - Practitioners must be licensed to practice in New York state and physically located in the USA; practitioners or an entity with which they are affiliated must be enrolled in NY Medicaid to be able to bill Medicaid.
  - It is the obligation of the distant practitioner and the designated program to make sure that the documents required by regulation are received in a timely manner and entered into the patient’s clinical record.
APPENDIX A
Recommendations for Telecommunication Technology

OASAS has collaborated with the NYS Information Technology Services (ITS) to develop recommendations for best videoconferencing technology. The checklist below can be used as an aid in evaluating key elements of a program’s selected telecommunications system.

<table>
<thead>
<tr>
<th>Video Cameras</th>
<th>It is recommended that video cameras include pan, tilt, zoom, and incorporate remote control features.</th>
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<tbody>
<tr>
<td>Video Conferencing Software</td>
<td>Videoconferencing software should satisfy HIPAA and 42 CFR Part 2 requirements, with dedicated videoconferencing solutions preferred. <em>Skype and other video conferencing solutions not endorsed by ITS may not to be used for clinical care unless the patient has provided written consent.</em></td>
</tr>
<tr>
<td>Audio</td>
<td>High-quality audio with echo cancellation, mute and volume adjustment features.</td>
</tr>
<tr>
<td>Wireless/Wired Connectivity</td>
<td>Wired connections are preferred. If a wireless system is used connections must be validated as secured or written patient consent to utilize an unsecured network.</td>
</tr>
<tr>
<td>Screen Resolution</td>
<td>A minimum resolution as specified by the American Telemedicine Association should be available.</td>
</tr>
<tr>
<td>Privacy Settings</td>
<td>Video conferencing settings must be configured to ensure HIPAA and 42 CFR Part 2 compliance and patient privacy consistent with the most current NYS minimum standard (256-, 128-bit encryption or stronger should be used to best protect the video session from eavesdropping. Cisco Movi licensing and WebEx Meeting Protected Areas may be employed to ensure private sessions on the PC-Based Solution.</td>
</tr>
<tr>
<td>Data Security</td>
<td>Session recording may only be with patient consent and must be added to the patient’s medical record.</td>
</tr>
<tr>
<td>Bridge</td>
<td>If two or more remote locations a “bridge” may be necessary to ensure security. However, if WebEx is employed no bridge is necessary.</td>
</tr>
<tr>
<td>Configuration Overall Rating</td>
<td>The Dedicated Videoconferencing Configuration is ranked as the best overall platform to deliver Telepractice services. The PC-Based Solution Configuration is ranked as the second-best platform to deliver Telepractice services.</td>
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</tbody>
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The American Telemedicine Association (ATA) recommends that the provider and/or patient pre-test the connection before starting their session to ensure the link has sufficient quality to support the session.

<table>
<thead>
<tr>
<th>NYS OASAS Addiction Treatment Centers</th>
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<tbody>
<tr>
<td>Network</td>
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<tr>
<td>Carrier</td>
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<tr>
<td>Authorization</td>
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</table>
APPENDIX B
Attestation for Telepractice

A program applying to deliver services via Telepractice must complete this Plan and Attestation and submit it to: NYS OASAS, Bureau of Certification, 1450 Western Avenue, Albany, NY, 12203 or by e-mail to Certification@oasas.ny.gov. Use additional pages if necessary.

<table>
<thead>
<tr>
<th>General Information</th>
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<tbody>
<tr>
<td>Applicant’s Legal Name</td>
</tr>
<tr>
<td>Operating Certificate Number(s)</td>
</tr>
<tr>
<td>Originating Site Address(s) (PRU locations)</td>
</tr>
<tr>
<td>Name of Contact Person</td>
</tr>
<tr>
<td>Administrative office address (Street, City, State, Zip Code)</td>
</tr>
<tr>
<td>Telephone Number for Contact Person</td>
</tr>
</tbody>
</table>

If this is an Outpatient Service, do you want to include the additional locations that are on the operating certificate addendum?

- [ ] yes
- [ ] no

## Telepractice Services Program Standards

1. Telepractice being offered by the above-noted provider are in accord with Part 830 regulation.

2. Select the services to be delivered via telepractice:
   - [ ] admission assessments, direct transfers
   - [ ] psycho-social evaluations and mental health consultations
   - [ ] medication assisted treatment prescribing and monitoring
   - [ ] other services as approved by the Office (may require an OASAS approved waiver – attach copy)

3. Telepractice will be conducted via a telecommunication system authentication and identification procedures by both the sender and receiver.

4. Telepractice delivery of services meets Federal and State confidentiality requirements, including, but not limited to, 42 CFR, Part 2 and 45 CFR Parts 160 and 164 (HIPPA Security Rules).

5. The distant site practitioner must:
   - Possess a current, valid license to practice in New York State; be a “telehealth provider” as defined in subdivision 2 of section 2999cc of the Public Health law.
   - If the distant site is a hospital, the practitioner must be credentialed and privileged by such hospital, consistent with applicable accreditation standards.
# APPENDIX B

## Attestation for Telepractice

Telepractice written policies and procedures supplement existing policies and procedures include, at a minimum:

- **Practice Procedures**: scheduling, documentation, patient records, support staff, contingency plans for communication interruptions.
- **Physical Environment**: location of patient and practitioner, room setting, patient confidentiality protections.
- **Emergency Procedures**: clinical and/or safety concerns, education and training of staff at both locations.
- **Patient Suitability for Telepractice; Informed Consent**: process for evaluating patient suitability; medication prescribing, administration or dispensing, and a New York State Class 3A License where required.
- **Confidentiality and privacy of health information**
- **Quality Review**: schedule for periodic reviews of equipment and connectivity; records of attempted vs. completed telepractice sessions.

If the applicant program intends to deliver services to Medicaid eligible patients, both the program and the practitioner must be Medicaid enrolled and in good standing.

Attach any additional information about how this provider intends to use telepractice to deliver services.

Contracts or Memorandum of Understanding (MOU) for the provision of telepractice with practitioners or non-OASAS certified providers must be in compliance with Part 830 and Part 805 ("Criminal History Information") regulations.

- Attach all copies of contracts/MOUs entered into for the provision of telepractice services.

## Provider Attestation

Part 830 permits the provision of services via telepractice by programs certified pursuant to Article 32 of the NYS Mental Hygiene Law if approved to do so by OASAS. Approval shall be based upon acceptance of this written Plan and Attestation. This form attests to compliance with such regulatory requirements.

### Statement of Compliance and Signature

I, (print or type full name and title of the applicant) __________________________ hereby attest that the telepractice standards identified on this attestation form are true, accurate and complete to the best of my knowledge and that the provider noted above is in compliance with Part 830 “Designated Services” regulation. I understand that any falsification, omission, or concealment of material fact may result in revocation of approval to provide telepractice services at the above-referenced location(s) and/or may subject me to administrative, civil, or criminal liability. I also understand that any subsequent changes to the approved plan must be approved by the Office of Alcoholism and Substance Abuse Services prior to implementation.

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