



**Office of Addiction
Services and Supports**

DRAFT
**Telehealth Standards for
OASAS Designated Providers**

Effective: August 2021

Contents

I	Introduction	3
II	Definitions	3
	General Program Standards	4
	A. OASAS Certified, Approved or Otherwise Authorized Programs	4
	i. Application for Telehealth Designation.....	5
	ii. Telehealth Policies and Procedures	5
	B. OASAS Prevention Programs	7
	C. Recovery Programs and Services	7
III.	Clinical Considerations in Telehealth.....	7
	I. Consent and the Initiation of Telehealth	7
	II. Telehealth Session Structure	8
	III. Buprenorphine Treatment via Telehealth.....	8
IV.	Medicaid & Commercial Insurance Reimbursement.....	9
	A. Medicaid:.....	9
	B. Commercial Insurers	10
	APPENDIX A.....	11
	Recommendations for Telecommunication Technology	11
	APPENDIX B Attestation for Telehealth.....	13

I Introduction

Telehealth (formerly referred to as telepractice) as defined in 14 NYCRR Part 830 is the delivery of addiction services via audio and video telecommunication and/or audio-only telecommunication. Services may be provided by OASAS certified, approved or otherwise authorized programs. OASAS programs must apply in accordance with these *Standards* for approval to deliver services via telehealth. OASAS certified programs are required to submit the attestation attached herein as Appendix B requesting a designation be added to their operating certificate prior to service delivery via this method. The purpose of this document is to provide guidance to programs seeking to deliver services via telehealth.

Please note during the COVID-19 Disaster Emergency, certain statutory and regulatory requirements have been waived. These modifications are outside of normal practice, and will no longer be allowable when the COVID-19 Disaster Emergency ends. Where possible and practicable, such modifications are noted within the context of this guidance. Providers must review all COVID-19 related guidance posted on the OASAS website for the most up-to-date information.

These Standards are applicable only to OASAS certified prevention and treatment programs. Prevention, treatment and recovery programs that are not certified should seek guidance from the Office as to their method of approval and any additional guidance that may be available.

Providers shall update their Policies and Procedures in accordance with the updates to 14 NYCRR Part 830 and these *Standards*. Updated Policies and Procedures need not be submitted to OASAS for review.

II Definitions

Attestation: providers written affirmation of meeting the Part 830 regulatory requirements for the delivery of services via telehealth.

COVID-19 Disaster Emergency: The declared disaster emergency as defined in Executive Order 202 and all subsequent and applicable Executive Orders.

Designation: additional approval to provide certain specialty services or delivery of services, i.e. telehealth. The “designation” is added to the programs’s operating certificate once all application requirements have been met and approved by the office.

Distant Site: the location where the individual receiving the service is based during the delivery of services via telehealth.

Originating Site: the location where the practitioner is based to provide delivery of services via telehealth.

Non-certified Programs: entities which provide prevention, treatment and recovery services which are not certified by OASAS but are funded and/or otherwise authorized.

Consent: a patient or potential patient's acknowledgment that the benefits, limitations, and risks associated with services delivered via telehealth have been explained; and their approval to receive services via this modality.

Practitioner: direct care or contracted staff staff that meet the requirements to provide services via telehealth. Such practitioners must be specified in NY Public Health Law Article 29-G.

Telecommunications System: a **non-public facing**, dedicated secure interactive audio and video and/or audio only linkage system approved by the Office to transmit data between an originating and distant site for purposes of providing telehealth services.

General Program Standards

A. OASAS Certified, Funded or Otherwise Authorized Programs

i. Application for Telehealth Designation

- Certified programs must submit to their [OASAS Regional Office](#) and the [OASAS Bureau of Certification](#) their Telehealth
 - a) Policies and Procedures (P&P) and
 - b) Attestation (Appendix B)
- Providers with multiple programs only need to submit one attestation, identifying all applicable program reporting unit (PRU) numbers.
- OASAS will provide written approval, and an updated operating certificate with the designation once the attestation and policies and procedures have been reviewed and approved.

COVID-19: During the COVID Disaster Emergency, OASAS certified programs may submit an emergency attestation for immediate telehealth approval. This approval is valid only for the COVID Disaster Emergency period. When the COVID Emergency Order expires, programs operating under the emergency approval will no longer be permitted to deliver services via telehealth. Such programs will need to complete the required attestation and submit their policies and procedures to the Office to continue delivering services via Telehealth. Please refer to the [Telepractice Waiver Guidance](#) for further information.

- Any prevention, treatment and/or recovery programs that are not certified, must seek approval in accordance the guidance provided by the appropriate oversight Division. For additional information, please contact OASAS:
 - Prevention: Prevention@oasas.ny.gov
 - Recovery services for adults: Recovery@oasas.ny.gov
 - Recovery services for youth: AdolescentServices@oasas.ny.gov
 - CFTSS services for youth: AdolescentServices@oasas.ny.gov
 - HCBS/CORE services: PICM@oasas.ny.gov

ii. Telehealth Policies and Procedures

Providers are required to develop and utilize appropriate policies and procedures when delivering services via Telehealth. Policies and procedures for Telehealth should at a minimum address the following:

- **Telehealth Delivery Methods:**

- a) Non-public facing, interactive audio and video technology being utilized. Examples include but are not limited to:
 - Skype for Business
 - Zoom for Healthcare
 - Updox
 - Doxy.me
 - VSee
 - Google G Suite Hangouts Meet
- b) Telephonic-only service delivery is allowable. **Additional guidance will be shared when it is available.**
- c) Confidentiality and Privacy of Health Information:
 - 45CFR Part 160 and 164
 - HIPAA Breach notification
 - 42CFR Part 2
 - Informed Consent
- d) Allowable originating and distant locations including special considerations when practitioners and/or patients are utilizing their residence for the session. If programs develop contracts or memoranda of understanding (MOU) with specific providers and/or entites, said contracts and/or MOUs shall be shared with OASAS.
- e) Process for scheduling and patient check in.

- f) Quality assurance plan for:
 - Equipment and connectivity
 - Patient and Provider satisfaction surveys
 - Evaluation of:
 - Attempted vs. completed telehealth sessions
 - Attendance at sessions
 - Preferred method for telehealth
 - Effectiveness of services delivered via telehealth

- **Practitioners:**

- a) Must be:
 - Employed by the OASAS designated program; or
 - Contracted or have entered an MOU with the designated program; and
 - Licensed to practice in New York State, and physically located in the USA; and
 - Enrolled in NYS Medicaid; and
 - Authorized by Article 29G of the NYS Public Health Law to provide services via Telehealth; and
 - Working within their scope of practice

The following practitioners are authorized via Article 29-G of the public health law to provide services via telehealth:

- | | |
|---------------------------------|--|
| • Physician | • Psychologist |
| • Physician Assistant | • Licensed Social Worker |
| • Nurse Practitioner | • License Mental Health Counselor |
| • Registered Professional Nurse | • Credentialed Alcohol and Substance Abuse Counselor (CASAC) |
| • Psychiatrist | • Certified Recovery Peer Advocates (CRPA) |

COVID-19: During the COVID Disaster Emergency any staff member otherwise authorized to provide services, including unlicensed staff, may deliver services via telehealth, only for the duration of the state declared disaster emergency.

- **Documentation:**

- a) Documentation shall be consistent with requirements for the service being delivered and shall also include:

- Location of the practitioner
 - Location of the patient
 - The presence of other staff with the patient
 - Service disruptions and plan for follow up
- b) Where documentation of the session will be kept, including use of electronic medical records or paper records.
- c) Staff access to patient records.
- d) Sharing of required program forms with patients (consent, patient rights etc) via electronic platforms or via mail.
- **Emergency Procedures:**
 - a) Onsite or on-call staff for emergencies
 - b) Training on telehealth specific procedures:
 - Beginning sessions with identifying patients location, address, alternative phone numbers, etc.
 - Emergencies at the recipients residence
 - Facilitating emergency hospitalization, or higher level of care
 - Resources for emergency situations
 - Crisis assessment and intervention

III. Clinical Considerations in Telehealth

I. Consent and the Initiation of Telehealth

Consent is an individual's acknowledgment that the benefits, limitations, and risks associated with services delivered via telehealth have been explained and they approve receipt of services via this modality. Providers are **required to obtain** consent prior to delivering services via telehealth.

Inherent in this decision is an assessment of a person's ability to benefit from services delivered via telehealth. Provider's should consider at a minimum the following barriers that might prohibit or require adjustment to telehealth service delivery:

- cognitive abilities
- any physical limitations
- cultural appropriateness
- interpretation and translation services
- availability of suitable technology
- availability of safe distant location
- availability of confidential space

II. Telehealth Session Structure

The delivery of services via telehealth is different than services delivered in person, for both the program staff and the patient. Patients are familiar with how in-person sessions work, setting up telehealth delivery in a similar fashion will assist in engaging individuals in this process.

Providers need to consider how they will introduce this type of service delivery to their population.

- How will the individual access the session?
- What happens if there is a technology glitch which causes the session to end prematurely?
- How does telehealth work?

Sessions should be held as formally as they would if delivered on-site:

- Be mindful of your setting:
 - Privacy
 - No outside interruptions
- Ask the patient to be similarly mindful of their setting.
- Provide structure by having a consistent introduction, discussion, and ending.

And for Group:

- Discuss how communication should be handled so that people aren't talking over each other.
- Build in check-in breaks to keep individuals connected in the group.
- Ensure confidentiality.

III. Buprenorphine Treatment via Telehealth

Buprenorphine is a controlled substance and requires appropriate evaluation for use and on-going monitoring. As such buprenorphine induction must:

- Have at least one in-person evaluation session with a DATA 2000 waived practitioner prior to subsequent buprenorphine induction or follow up via telehealth; or
- If a DEA registered practitioner is physically present with the patient, then the initial session may be delivered via telehealth with the DATA 2000 waived prescriber.

COVID-19: Induction via telehealth and telephone-only is permissible only during the declared *national* state of emergency and is subject to revocation at any time upon notice and at the discretion of the Drug Enforcement Agency (DEA).

IV. Medicaid & Commercial Insurance Reimbursement

Designated providers may seek reimbursement from both public and private insurance for Office approved, clinically appropriate and medically necessary services.

A. Medicaid:

The [OASAS Medicaid APG Clinical and Billing Manual](#) provides a listing of Office approved services for Medicaid Reimbursement. For services delivered via telehealth, specific modifiers must be included on the claim.

- a) **Modifier 95** is for codes listed in Appendix P of the AMA's CPT Professional Edition Codebook.

OASAS Procedure Codes in Appendix P

- 90791 – Assessment Extended
- 90832 – Individual Counseling Brief
- 90834 – Individual Counseling Normative
- 90847 – Family Service with Patient present
- 99201-99205 – For New - Psychiatric Assessment (Brief), Medication Management, Physical Health
- 99212-99215 – For Existing - Psychiatric Assessment (Brief), Medication Management, Physical Health

- b) **GT modifier** should be used for all other OASAS APG Codes where the modifier 95 cannot be used.
- c) **A modifier for services delivered via telephone only is in development.**

COVID-19: The Medicaid minimum time duration standards for procedures has been modified for the duration of the COVID-19 Emergency.

- Services delivered via **Audio/Visual Telehealth** may delivered at a 25% reduction of the standard minimum time duration.
- Services delivered via **Telephonic Telehealth** can be delivered for a minimum of five minutes with the exception of individual or group counseling which must be delivered for a minimum of fifteen minutes.

B. Commercial Insurers

New York State Insurance Law § 3217-h requires commercial insurers regulated by New York State to provide reimbursement for services delivered via telehealth, including by telephone only, if those services would have been covered if delivered face to face. Providers should discuss with the plan how to best submit claims for reimbursement.

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.

<input type="checkbox"/>	Video Cameras - It is recommended that video cameras include pan, tilt, zoom, and incorporate remote control features.
<input type="checkbox"/>	Video Conferencing Software - Videoconferencing software should satisfy HIPAA and 42 CFR Part 2 requirements, with dedicated videoconferencing solutions preferred. <i>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.</i>
<input type="checkbox"/>	Audio - high-quality audio with echo cancellation, mute and volume adjustment features.
<input type="checkbox"/>	Wireless/Wired Connectivity - 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.
<input type="checkbox"/>	Screen Resolution - A minimum resolution as specified by the American Telemedicine Association should be available.
<input type="checkbox"/>	Privacy Settings - 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.
<input type="checkbox"/>	Data Security - Session recording may only be with patient consent and must be added to the patient's medical record.
<input type="checkbox"/>	Bridge - If two or more remote locations a "bridge" may be necessary to ensure security. However, if WebEx is employed no bridge is necessary.
<input type="checkbox"/>	Configuration Overall Rating - The Dedicated Videoconferencing Configuration is ranked as the best overall platform to deliver Telehealth services. The PC-Based Solution Configuration is ranked as the second-best platform to deliver Telehealth services.
<input type="checkbox"/>	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.

NYS OASAS Addiction Treatment Centers

- Network** – The Dedicated Videoconferencing and PC-Based Solution Configurations are to be deployed over the State controlled network.
- Carrier** – The Dedicated Videoconferencing and PC-Based Solution Configurations are to be deployed over the State carrier called NYeNET.
- Authorization** – Dedicated Videoconferencing equipment provisioned by ITS for-state facilities does not require authorization.

APPENDIX B Attestation for Telehealth

A program applying to deliver services via Telehealth 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.

General Information	
Applicant's Legal Name	
Operating Certificate Number(s)	PRU Number(s)
Originating Site Address(s) (PRU locations)	
Name of Contact Person	Position/Affiliation with Applicant
Administrative office address (Street, City, State, Zip Code)	
Telephone Number for Contact Person	E-Mail Address of Contact Person
Telehealth Services Program Standards	
1.	Telehealth being offered by the above-noted provider are in accord with Part 830 regulation.
2.	Telehealth will be conducted via a telecommunication system authentication and identification procedures by both the sender and receiver.
3.	Telehealth 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).
4.	The distant site practitioner must: <ul style="list-style-type: none"> • 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.
5.	Telehealth written policies and procedures supplement existing policies and procedures and include, at a minimum: <ul style="list-style-type: none"> • Originating site or spoke site: if allowing for service delivery to patient while at their place of residence, all policies and procedures should reflect safety and other standards for delivery of services in this setting. • 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.

	<ul style="list-style-type: none"> • Emergency Procedures: clinical and/or safety concerns, education and training of staff at both locations. • Patient Suitability for Telehealth; 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 telehealth sessions. • Opioid Treatment Programs: policies and procedures must identify when and how counseling and other services will be provided, and monitoring will occur when in conjunction with take home dose.
6.	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.
7.	Attach any additional information about how this provider intends to use telehealth to deliver services.
8.	<p>Contracts or Memorandum of Understanding (MOU) for the provision of telehealth with practitioners or non-OASAS certified providers must be in compliance with Part 830 and Part 805 (“Criminal History Information”) regulations.</p> <ul style="list-style-type: none"> • Attach all copies of contracts/MOUs entered into for the provision of telehealth services.

Provider Attestation

Part 830 permits the provision of services via telehealth 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 telehealth 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 telehealth 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.

	Date
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