



Office of Addiction Services and Supports

OASAS Continued COVID- 19 Regulatory Waivers

Issued June 24, 2021

Updated October 25, 2021

Updated December 20, 2021

Updated April 20, 2022

Updated October 17, 2022

Updated January 20, 2023

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ACTION	DATE	IMPACT	UPDATED EXPIRATION
Telehealth Waivers	3/9/2020	<ul style="list-style-type: none"> • 830.5.(5) - An Office certified program must obtain prior written authorization from the Office pursuant to this section before implementing telepractice services; services shall be limited to those authorized and approved by the Office... • 830.5 (5)(b) Designation. (1) & (2) Requests for designation to provide telepractice services shall be in the form of a written proposed plan and attestation... • 830.5 (5)(c) Implementation. (v) Patients and prospective patients must have at least one in-person evaluation session with clinical staff prior to participation in a telepractice session to determine if telepractice is appropriate additional evaluations may be required for medication assisted treatment using controlled substances. (2) Telepractice services must be included in a provider's quality review process. • 830.5(7) Failure to maintain minimum standards for designation, implementation and reimbursement may result in disciplinary action against a provider's operating certificate. In the event the Office determines that approval to utilize telepractice must be revoked, the Office will notify the provider in writing. The provider may request an administrative review of such decision pursuant to this paragraph... • Any other sections of Part 830 or other OASAS regulations that are inconsistent with the temporary authorization outlined below. • Allowed for Telepractice Attestation 	<p>In February 2022, OASAS adopted amendments to Part 830 (telehealth) that made most flexibilities allowed during the COVID-19 pandemic permanent.</p> <p>Please see: Part 830 for updated Regulation.</p> <p>Emergency Telehealth Attestation expired on 4/30/22.</p>

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Telepractice Waiver Update	3/13/20	<ul style="list-style-type: none"> • Telephonic Delivery added to Telepractice 	<p>DOH issued emergency regulations on 3/22/22. Will likely become permanent Fall 2022.</p> <p>Link to DOH emergency regulations: Public Health Law</p>
Telepractice Waiver Update – 3/18/20	3/18/2020	<ul style="list-style-type: none"> • Peer Services can be delivered via Telepractice • CASAC-T's, unlicensed practitioners, and Limited Permit holders can provide services via Telepractice • Guidance issued on telephone-only as allowable Telepractice service delivery method • MAT induction allowed via Telepractice due to guidance issued by the DEA: https://www.deadiversion.usdoj.gov/coronavirus.html 	<p>DOH issued emergency regulation on 3/22/22. Will likely become permanent Summer 2022.</p> <p>CRPAs have been permanently added as telehealth practitioners.</p> <p>MAT induction via telehealth is pursuant to the national Public Health Emergency (PHE) declared by HHS which were set to expire July 15th, but the PHE has been continued until</p>

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			<p>April 11th 2023, and states are expected to receive 60 days notice prior to the expiration of the PHE .</p>
<p>Regulatory Relief for Providers amid COVID-19 (updated 03/2021)</p>	<p>3/20/20</p>	<ul style="list-style-type: none"> • Waiver of regulations to allow for staffing and space in residential facilities • Use of Telepractice • Criminal Background Checks accepted from previous agencies • CASAC-T's allowed to act as QHP's • Provisional QHP's can act as QHP's • Extension of CFR to August 1, 2020 • Hold placed on expiration date for credentials effective 3/17/2020 until 3/21/2021 • CASAC renewal waiver of late fees • Requirement to maintain records of all COVID-19 expenses • Contract recoveries and annual reconciliation withholds postponed • X restrictions lifted where necessary • Recertification Reviews suspended • No penalty for Prevention Programs not meeting standards • Support for small OTP providers 	<p>EXPIRED</p>
<p>COVID-19 Guidance for Outpatient Programs</p>	<p>4/19/2020 Updated 6/17/2021</p>	<ul style="list-style-type: none"> • No toxicology testing unless benefit outweighs the risk 	<p>Continued indefinitely See updated reopening guidance: OASAS Toxicology Guidance</p>
<p>COVID Regulatory</p>	<p>Draft 5/12/2020</p>	<ul style="list-style-type: none"> • Admission Procedures via Telepractice • Counseling Services: 	<p>See below for details:</p>

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<p>Waiver Draft – Letter to the Field – SPA 20-48</p> <p>Outpatient Medicaid Time Duration Changes (letter to the Field)</p>	<p>Final 5/12/2021</p> <p>7/6/2020</p>	<ul style="list-style-type: none"> ○ As much as possible Telepractice ○ Social Distancing if in-person ● MAT assessment and buprenorphine initiation allowed via Telepractice/Telephone ● Peer Advocate Services should be provided via Telepractice including telephone ● Regulatory Flexibility/Waivers: <ul style="list-style-type: none"> ○ Staffing ratios waived, sufficient staff to cover shifts/ensure safety ○ Suspension of internal UR ○ Admission procedures not medically necessary shall be postponed ○ In person medical assessment for OTP admission still required for those utilizing methadone ○ “Formal” treatment/recovery plan updates not required, BUT providers must document progress, changes through progress notes. ○ If Formal treatment plans are completed they should be signed by the appropriate level of staff. ○ Written, signed Consent for Release of information continues to be “required” unless there is a medical emergency. ● Reduction in time minimums for billing services delivered via Telephone only: <ul style="list-style-type: none"> ○ Telephonic one on one contacts must be a minimum of five minutes to count as one billable service, except for: <ul style="list-style-type: none"> ▪ Individual Counseling must be 15 minutes ▪ Group Counseling must be 15 minutes ○ Services delivered via Telepractice can be done at a 25% reduction. ● Additional time minimums: 	<p>Programs should utilize reopening guidance previously issued regarding admission procedures and delivery of services via telehealth vs in-person.</p> <p>Minimum Time Requirements required for Tehealth billing has been extended until the end of the Federal Public Health Emergency (to Expire on April 11th, 2023) while the agency explores alternatives to make this flexibility permanent.</p> <p>MAT/buprenorphine flexibilities are subject to the federal PHE and have been extended to April 11th, 2023.</p> <p>The remaining</p>

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		<ul style="list-style-type: none"> ○ IOS lowered to 2.25 hours per day ○ OPR ½ day lowered to 1.5 hours per day ○ OPR full day lowered to 3 hours per day <p>Services delivered on site can be done at a 25% reduction (this allowance ended on July 15, 2021).</p>	flexibilities outlined here have expired.
Executive Orders 202.5, 202.17, 202.18	March 18, April 15, April 16	<ul style="list-style-type: none"> • Allowed for out of state practitioners not licensed in NYS to practice in NYS. 	Expired at 12:00am, June 25, 2021
DFS Cost Sharing Emergency Regulations	Spring 2020	<ul style="list-style-type: none"> • Waive co-pays for telehealth visits 	Expired June 5, 2021

*Unless further extended at the discretion of OASAS.