



Office of Addiction Services and Supports

OASAS. Every Step of the Way.

Telehealth Standards for OASAS Designated Providers

UPDATED: August 2023

Contents

I	Introduction	3
II	Definitions	3
	General Program Standards	4
A.	OASAS Certified, Funded or Otherwise Authorized Programs	4
i.	Application for Telehealth Designation	4
	• Certified programs must submit to their OASAS Regional Office and the OASAS Bureau of Certification their Telehealth	4
a)	Policies and Procedures (P&P) and	4
b)	Attestation for Telehealth (Appendix B)	4
	• Any prevention, treatment and/or recovery programs that are not certified, must seek approval in accordance to the guidance provided by the appropriate oversight Division. For additional information, please contact OASAS:	5
o	Prevention: Prevention@oasas.ny.gov	5
o	Recovery services for adults: Recovery@oasas.ny.gov	5
o	Recovery services for youth: AdolescentServices@oasas.ny.gov	5
o	HCBS/CORE services: PICM@oasas.ny.gov	5
ii.	Telehealth Policies and Procedures	5
III.	Clinical Considerations in Telehealth	8
I.	Consent and the Initiation of Telehealth	8
II.	Telehealth Session Structure	9
III.	Buprenorphine Treatment via Telehealth	9
IV.	Medicaid & Commercial Insurance Reimbursement	10
A.	Medicaid:	10
B.	Commercial Insurers	11
	APPENDIX A	12
	Recommendations for Telecommunication Technology	12
	APPENDIX B Attestation for Telehealth	14

I Introduction

Telehealth (formerly referred to as telepractice) as defined in [14 NYCRR Part 830](#) is the delivery of addiction treatment services via audio and video telecommunication, audio-only or video-only telecommunication. Services may be provided by OASAS certified, approved or otherwise authorized programs. OASAS programs must apply in accordance with these *Telehealth Standards for OASAS Designated Providers* (hereinafter *Standards*) for approval to deliver services via telehealth. OASAS certified programs are required to submit the **Attestation for Telehealth** (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 that during the [COVID-19 Response](#), certain statutory and regulatory requirements were waived. These modifications were outside of normal practice, and although the Federal Public Health Emergency has ended, most telehealth flexibilities have been made permanent through regulatory and/or statutory modifications. Where possible and practicable, such modifications are noted within the context of this guidance.

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*. Programs with the telehealth designation do not need to submit their updated Policies and Procedures to OASAS for review.

II Definitions

Consent: a patient or potential patient's acknowledgment that the benefits, limitations, and risks associated with services delivered via telehealth have been explained; and they have approved receipt of services via this modality either verbally or in writing.

[COVID-19 Disaster Emergency:](#) the declared disaster emergency in New York State as defined in Executive Order 202 and all subsequent and applicable Executive Orders.

COVID-19 Public Health Emergency (PHE): the declared public health emergency issued by the federal government under Section 319 of the Public Health Service Act on January 31, 2020 and all subsequent renewals. Please Note, the Covid-19 PHE in New York ended in June 2021, and the Federal Public Health Emergency ended on May 11th, 2023.

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

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

Originating Site: the location where the individual receiving the service is based during the 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.

Attestation for Telehealth: provider application to utilize telehealth in the delivery of addiction services. The application includes a written affirmation of meeting the [Part 830](#) regulatory requirements for the delivery of services via telehealth.

Practitioner: direct care or contracted 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, audio-only or video-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 for Telehealth \(Appendix B\)](#)
- Providers with multiple programs only need to submit one Attestation for Telehealth, 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-19 Disaster Emergency](#), OASAS certified programs were permitted to submit an emergency attestation for immediate telehealth approval. **Now, any provider seeking to provide services via telehealth must submit an application ([Appendix B](#)) for permanent approval.**

- 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) Audio-only service delivery is allowable. Additional guidance will be shared when it is available.
- c) Confidentiality and Privacy of Health Information:
 - 45 CFR Part 160 and 164
 - HIPAA Breach notification
 - 42 CFR 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 entities, 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: For purposes of third party reimbursement:**

a) Must be:

- Employed by the OASAS designated program (and working within their [Scope of Practice](#)); 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;
- 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.

b) Practitioner types: practitioners that are authorized via Article 29-G of the public health law to provide services via telehealth, include but are not limited to the following:

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

Additionally, in accordance with 18 NYCRR Part 538.1, additional practitioners include: **All Medicaid providers authorized to provide in-person services may provide such**

services via telehealth as long as the service is appropriate to meet the patient's needs and are within a provider's scope of practice. This flexibility was allowed during the COVID-19 Disaster Emergency and has been made permanent by regulation issued by the Department of Health. OASAS has no further restrictions on practitioner type.

- c) Prevention and recovery programs may deliver services virtually and are not restricted by these practitioner requirements as they are not billing for service delivery.

- **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 recipient's residence
 - Facilitating emergency hospitalization, or higher level of care
 - Resources for emergency situations
 - Crisis assessment and intervention

Audio-only telehealth visit: Audio-only service delivery is permissible in accordance with the following:

- When a visual or in person component is not required to deliver the service.

- It is the only modality available or is the patient's preferred method of service delivery.
- The patient consents to audio-only service delivery.
- It is clinically appropriate, as determined by the ordering or furnishing provider.
- Billing requirements are otherwise met, including any and all documentation requirements.

Video-only telehealth visit: Video-only service delivery is permissible in accordance with the following:

- When an audio or in person component is not required to deliver the service.
- It is the only modality available or is the patient's preferred method of service delivery.
- The patient consents to video-only service delivery.
- It is clinically appropriate, as determined by the ordering or furnishing provider.
- Billing requirements are otherwise met, including any and all documentation requirements.
- Are provided to support service delivery for an individual with a disability, including persons who are deaf or hard of hearing.

III. Clinical Considerations in Telehealth

I. Consent and the Initiation of Telehealth

Informed 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** informed consent prior to delivering services via telehealth. Informed consent may be in [writing](#) or verbal and noted in the patient record for each encounter.

Inherent in this decision is an assessment of a person's ability to benefit from services delivered via telehealth. Providers 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 a safe distant location
- availability of a 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, so 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 sessions:

- Discuss how communication should be handled so that people are not talking over each other.
- Incorporate 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 ongoing monitoring. As such, buprenorphine initiation must:

- Include an evaluation by a practitioner with a valid DEA registration prior to issuance of a buprenorphine prescription; this visit may be done in person or via telehealth (an audio and video visit or an audio-only visit); all follow up visits may be done via telehealth

COVID-19: An initial visit for prescribing buprenorphine via telehealth (an audio and video visit or an audio-only visit) had been permissible only during the declared federal COVID-19 PHE. Although the flexibilities that allowed for an initial visit for prescribing buprenorphine to take place by telehealth were expected to end when the COVID-19 PHE ended, a new rule that went into effect on May 11, 2023, extends these flexibilities until **November 11, 2023**. Additionally, any practitioners who are conducting

initial or follow-up visits to prescribe buprenorphine by telehealth up to November 11, 2023, will be allowed to continue conducting follow-up visits for buprenorphine by telehealth for one more year (through November 11, 2024). **The extension of the COVID-19 telehealth flexibilities for buprenorphine is subject to revocation at any time upon notice and at the discretion of the Drug Enforcement Agency (DEA). OASAS will alert the field when this changes in the future.**

IV. Opioid Treatment Programs

- V. **Policies and procedures for Opioid Treatment Programs (OTPs) must identify when and how counseling and other services will be provided, and how monitoring will occur, with respect to assessment for extended take home dose flexibility.**

VI. 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) **The FQ modifier** should be used **for services delivered via telephone (audio-only)** (when a telehealth service is furnished using audio-only communication)

- d) The Department of Health released their Comprehensive Medicaid Guidance (updated in August 2023) [New York State Medicaid Update - Telehealth](#)

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 (audio-only), if those services would have been covered if delivered face to face. Providers should discuss with the plan how best to 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 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 with 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 using 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. 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	
<input type="checkbox"/>	Network – The Dedicated Videoconferencing and PC-Based Solution Configurations are to be deployed over the State controlled network.
<input type="checkbox"/>	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 Plan for Telehealth

A program applying to deliver services via Telehealth must complete this 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 and to the appropriate Regional Office. 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.	Services provided via telehealth being offered by the above noted provider are in accordance with Part 830 regulation and the <i>Telehealth Standards for OASAS Designated Providers</i> .
2.	Services delivered via telehealth will be conducted via telecommunication system authentication and identification procedures by both the sender and receiver.
3.	Delivery of services via telehealth meets Federal and State confidentiality requirements, including, but not limited to, 42 CFR Part 2 and 45 CFR Parts 160 and 164 (HIPAA Security Rules).
4.	The distant site practitioner: <ul style="list-style-type: none"> • Possesses a current, valid license to practice in New York State; is a “telehealth provider” as defined in subdivision 2 of section 2999cc of the Public Health law and 18 NYCRR Part 528. • If the distant site is a hospital, the practitioner must be credentialed and privileged by said 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: if allowing for service delivery to the patient while at their place of residence, all policies and procedures should reflect safety and other standards for delivery of services in this setting. • Distant site: if allowing for service delivery while the practitioner is located at a location outside of the certified program, policies and procedures should reflect safety and other standards for delivery of services in the 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; procedures in the event of a patient emergency. • Patient Suitability for Telehealth; Informed Consent: process for evaluating patient suitability for telehealth; policies and procedures for obtaining and document patient informed consent; policies and procedures for prescribing medications, including controlled medications, via telehealth. • Confidentiality and privacy of health information: policies and procedures regarding documentation of telehealth visits and how confidentiality and privacy of health information in the context of telehealth visits will be ensured. • 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 as needed, and monitoring will occur when assessing for extended take home dose flexibility.
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 Memoranda 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	
<p>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 Attestation. This form attests to compliance with such regulatory requirements.</p> <p>Statement of Compliance and Signature</p> <p>I, (print or type full name and title of the applicant) _____ hereby attest that the telehealth standards identified in this attestation 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 attestation must be approved by the Office of Addiction Services and Supports prior to implementation.</p>	
	Date