



**Telepractice Standards for OASAS Designated Providers**  
Updated as of December 2019

**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 B) to their Regional Office and to the OASAS Bureau of Certification at 1450 Western Ave., Albany, NY 12203 or at [certification@oasas.ny.gov](mailto:certification@oasas.ny.gov).

***Attestation***

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

***Practitioners***

- Practitioners must be:
  - employed by the OASAS designated provider; or
  - employed by another OASAS certified provider; or
  - have an executed contract or memorandum of understanding (MOU) to perform such services with the designated program; or
  - 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.
- Cultural and linguistic appropriateness and access to interpretation services if necessary.

### ***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.
- Procedures in the event emergency services/hospitalization is necessary including specifics for when the recipients place of residence is the originating/spoke site.

### ***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, unless otherwise authorized, see Section 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.

### ***Contract or MOU***

- Providers participating in telepractice via agreement (contract or MOU) with practitioners must submit insurance claims pursuant to the terms of the agreement.
- Practitioners must be licensed to practice in New York State (NYS) and be physically located in the USA; practitioners must be enrolled in NYS 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.

### ***Documentation***

- The following should be included within the progress note:
  - Location of the practitioner.
  - Location of the patient.
  - Whether the patient is accompanied by a staff member during the encounter.
  - If the encounter was disrupted due to equipment failure and the plan for follow up.

## **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 registered 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.
- After induction, in accordance with all applicable state and federal rules, a patient may be transferred to another waived prescriber for maintenance.
- For more information, see the Center for Substance Abuse Treatment (CSAT) guidelines as applied to the office-based opioid treatment (OBOT) programs.

#### **IV Billing Guidance; Medicaid & Commercial Insurance**

- ***Office approved services***
  - If applicable, public and private insurance may be sought only for services the Office has approved as deliverable via telepractice pursuant to Parts 822 and 830 by designated providers.
- ***Medicaid Coverage***
  - Programs should consult the most recent DOH Medicaid Update for information on billing, code modifiers and any allowable additional fees (administration or facility).
  - Providers should advise plans of their designation to deliver services via telepractice prior to billing for such services to ensure ease of reimbursement.
  - Modifier 95 is for codes listed in Appendix P of the AMA's CPT Professional Edition 2018 Codebook. These include outpatient evaluation and management codes for new and established patient visits, consultation codes and health and behavior assessment codes (96150-96154) and behavioral health and behavioral change intervention codes.  
[https://www.medtronsoftware.com/pdf/2016/2017\\_CPT\\_Updates\\_Revisions\\_Deletions\\_by\\_Specialty/Appendix%20P.pdf](https://www.medtronsoftware.com/pdf/2016/2017_CPT_Updates_Revisions_Deletions_by_Specialty/Appendix%20P.pdf)
  - Any Evaluation and Management (E&M) codes used must include the HE modifier to identify mental health.
  - Only those practitioners defined as a telehealth provider in Public Health Law section 2999-cc are eligible for Medicaid reimbursement when delivering services via telepractice.
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- ***Commercial Coverage***
  - New York State Insurance Law § 3217-h requires commercial insurers regulated by New York State provide reimbursement for services delivered via telepractice if those services would have been covered if delivered face to face. Please note that commercial insurers not regulated by New York may not be required to reimburse for telepractice services.

#### **V Technology and Telecommunications Standards Checklist:**

- All telecommunication technology must be compliant with confidentiality standards of state and federal law.

#### **VI Restrictions on Services Delivered Via Telepractice**

- Medication administration and observation must be conducted face-to-face and are not reimbursable via telepractice.
- Buprenorphine induction may only occur in accordance with the guidance outlined above.

- Peer support services must be conducted face-to-face and are not reimbursable via telepractice.
- Programs may submit a waiver application to provide any services not explicitly authorized in Parts 822 and 830. Those services outlined above as prohibited will not be approved under any circumstances.

## 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"/>	<b>Video Cameras</b> - It is recommended that video cameras include pan, tilt, zoom, and incorporate remote control features.
<input type="checkbox"/>	<b>Video Conferencing Software</b> - 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"/>	<b>Audio</b> - high-quality audio with echo cancellation, mute and volume adjustment features.
<input type="checkbox"/>	<b>Wireless/Wired Connectivity</b> - 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"/>	<b>Screen Resolution</b> - A minimum resolution as specified by the American Telemedicine Association should be available.
<input type="checkbox"/>	<b>Privacy Settings</b> - 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"/>	<b>Data Security</b> - Session recording may only be with patient consent and must be added to the patient's medical record.
<input type="checkbox"/>	<b>Bridge</b> - 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"/>	<b>Configuration Overall Rating</b> - 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.  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.
<b>NYS OASAS Addiction Treatment Centers</b>	
<input type="checkbox"/>	<b>Network</b> – 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

### Telepractice Plan and Attestation

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](mailto:Certification@oasas.ny.gov). Use additional pages if necessary.

<b>General Information</b>	
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
<b>Telepractice Services Program Standards</b>	
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: <input type="checkbox"/> admission assessments, direct transfers <input type="checkbox"/> psycho-social evaluations and mental health consultations <input type="checkbox"/> medication assisted treatment prescribing and monitoring <input type="checkbox"/> counseling <input type="checkbox"/> 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: <ul style="list-style-type: none"> <li>• 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.</li> <li>• If the distant site is a hospital, the practitioner must be credentialed and privileged by such hospital, consistent with applicable accreditation standards.</li> </ul>



## APPENDIX B

### Telepractice Plan and Attestation

6.	<p>Telepractice written policies and procedures supplement existing policies and procedures and include, at a minimum:</p> <ul style="list-style-type: none"> <li>• <b>Originating site or spoke site:</b> 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.</li> <li>• <b>Practice Procedures:</b> scheduling, documentation, patient records, support staff, contingency plans for communication interruptions.</li> <li>• <b>Physical Environment:</b> location of patient and practitioner, room setting, patient confidentiality protections.</li> <li>• <b>Emergency Procedures:</b> clinical and/or safety concerns, education and training of staff at both locations.</li> <li>• <b>Patient Suitability for Telepractice; Informed Consent:</b> process for evaluating patient suitability; medication prescribing, administration or dispensing, and a New York State Class 3A License where required.</li> <li>• <b>Confidentiality and privacy of health information</b></li> <li>• <b>Quality Review:</b> schedule for periodic reviews of equipment and connectivity; records of attempted vs. completed telepractice sessions.</li> <li>• <b>Opioid Treatment Programs:</b> 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.</li> </ul>
7.	<p>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.</p>
8.	<p>Attach any additional information about how this provider intends to use telepractice to deliver services.</p>
9.	<p>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.</p> <ul style="list-style-type: none"> <li>• Attach all copies of contracts/MOUs entered into for the provision of telepractice services.</li> </ul>
<b>Provider Attestation</b>	
<p>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.</p>	

**APPENDIX B**  
**Telepractice Plan and Attestation**

**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.

	Date
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