New York State Office of Mental Health
Bureau of Inspection and Certification
Telehealth Standards of Care
Effective 5/12/23
(Certification reviews begin 8/1/23)

Standard of Care Focus	Exemplary (In addition to Core)	Core (Failure to achieve substantial compliance may require a performance improvement plan or regulatory enforcement actions)
TH SOC 1.1 **Assessment of Appropriateness to Receive Services via Telehealth**		1) Every individual has been assessed for appropriateness for services via telehealth in accordance with applicable guidelines, and prior to or concurrent with the first telehealth appointment. 2) Individuals are re-assessed for ongoing appropriateness for services via telehealth: a) in accordance with guidelines. b) continually to determine if service delivery modality remains appropriate, effective, and aligns with the individual's (and as applicable, family member's) assessed treatment needs and preference(s). c) following a clinically significant event, including but not limited to hospitalization or ED/CPEP visit 3) Assessments for appropriateness of telehealth are documented and maintained in the case record. 4) Where the individual is a minor, the individual and his or her parent or guardian shall be given the opportunity to provide input regarding who will be in the room with the individual when Telehealth Services are provided. 5) If in-person services are required/needed, requested, they are offered without significant delay or disruption in care.

TH SOC 2.1 **Informed Consent for Telehealth**	1) Telehealth informed consent is renewed annually with all individuals. 2) The program has person centered telehealth educational materials and/or FAQ's available to individuals interested in engaging in telehealth services.	1) There is documentation of informed verbal or written consent for delivery of services via use of telehealth in the individual's record. 2) Consent provides individuals with sufficient information and education about telehealth, to assist them in making an informed choice including: a) the right to receive services in-person, at any time, and the request will be honored. b) advantages and disadvantages of receiving services via telehealth. c) individuals, or a minor individual's parent or guardian, is informed how to verify a Telehealth Practitioner's professional license. d) where the individual is a minor, consent shall also be provided by the parent/guardian or other person who has legal authority to consent to health care on behalf of the minor, as applicable. e) written consent is in plain language. 3) Where an individual refuses to participate in services via telehealth, in-person services are offered without significant delay or disruption in care.
TH SOC 3.1 **Physical Space and Confidentiality of Health Information**	1) Practitioner regularly assesses the privacy and adequacy of remote individual space, and this is documented in the record. 2) The program reassesses the appropriateness of the visual backdrop and designated off-site hub spaces for all practitioners on an annual basis.	1) The individual's identity is verified at each encounter, and this is documented in the record. 2) The practitioner identifies themselves to new individuals and this is documented in the record. 3) The space used by the individual during the telehealth encounter is conducive to the intervention, safe, and maintains confidentiality. When concerns arise, the practitioner re-assesses for the appropriateness of delivering services via telehealth. 4) On-site program space used for the delivery or receipt of Telehealth Services meets the minimum standards for privacy expected for individual-practitioner interaction.

		5) Practitioner's off-site space is professional and meets the minimum standards for privacy expected for individual-practitioner interaction. 6) Connectivity and privacy were tested for each offsite hub location and documentation is kept at the program (or satellite) location for OMH surveyor staff review. 7) All practitioners who deliver services via telehealth have access to technology with full audio-visual and telephonic capacities. 8) Confidentiality requirements are met including, maintaining privacy of records, and HIPAA compliant methods of communication are used
TH SOC 4.1 **Emergency Procedures**	1) Staff are retrained annually on emergency procedures for telehealth encounters. 2) All individuals engaged in Telehealth Services participate in the creation of a crisis plan for use during an offsite telehealth emergency.	1) Individual emergency contact is kept on file and updated/confirmed regularly. 2) The individual is physically located within NYS (at a provider site licensed by OMH, the individual's place of residence, other identified NYS location) or a temporary location out of state. 3) The individual's location is confirmed at the start of each encounter, and this is documented in the record. 4) The provider of service has a documented process: a) for the Telehealth Practitioner to communicate with on-site staff should there be an emergency or other clinical or safety concern, consistent with on-site emergency procedures. b) that ensures the Telehealth Practitioner is able to arrange for an emergency in-person evaluation in the event that becomes necessary. 5) The provider of services ensures all staff providing telehealth have education and training related to emergency procedures.
TH SOC 5.1 **Documentation**	1) Progress notes clearly and consistently include: a) Location of the practitioner.	1) Progress notes indicate: a) the service was provided via telehealth b) the start and end time of the service c) the service was provided Audio-only, as applicable.

	b) Whether or not the individual is accompanied by a staff member or other individual during the encounter. c) If the encounter was disrupted due to equipment failure and the plan for follow up.	2) For services delivered via telehealth to Medicaid beneficiaries, the chart documents why Audio-only services were used for each encounter (i.e., Audio-only Telehealth Services are the individual's preference or Audio-visual Telehealth Services are not available due to lack of equipment or connectivity.) 3) Treatment Plan/Service Plan/Individual Recovery Plan reviews include a person-centered discussion of the use of telehealth as a service modality. 4) Practitioners have real-time access to the full Electronic Health Record. 5) The appropriate telehealth modifiers are attached to all claims.
TH SOC 6.1 **Collaboration**	1) Practitioner is seamlessly included as an active participant with the extended treatment team (e.g., school, probation, Primary Care Physician, Child Protective Services/Adult Protective Services)	1) Practitioner is included as an active participant in clinical meetings, case consultation, and for purposes of coordination of care, such as for temporary staff coverage or transfer of services.
TH SOC 7.1 **Prescriptions, Labs & Orders**		1) Procedures related to prescriptions, labs, and orders must be maintained to allow for equivalent on-site best practices or standards for telehealth prescribing, ordering, and monitoring via telehealth. 2) Federal Ryan Haight Act requirements are adhered to.
TH SOC 8.1 **Quality Review/Assurance**	1) Quality review activities are ongoing and reflect frequent re-evaluations of individual and practitioner, and collateral satisfaction with the telehealth modality.	1) Demonstration of formal ongoing quality review, either through direct supervision and/or chart review. 2) Demonstration of comprehensive data collection to measure the use and effectiveness of service delivery via telehealth (both audio/video and audio-only), and to identify gaps in services, utilization, and engagement. 3) Data collection addresses client satisfaction and appropriateness. This data is used to inform internal planning and reports to OMH. 4) Data collection addresses disparities for special populations (including racial/ethnic minorities,

		individuals who identify as LGBTQ, and individuals with communication barriers (i.e., Limited English Proficiency (LEP), deaf/ASL). Data is used to address disparities in access or quality for underserved/underrepresented populations. (*Full compliance with this Standard will be expected by 8/1/24)*
TH SOC 9.1 **Technology/Platforms**	1) Higher quality technology (high resolution video; Pan Tilt Zoom (PTZ); wide lens camera angle; that allows the practitioner to view the whole person and observe for gait, tremors, etc.) is used when performing mental status exams	1) A Business Associates Agreement (BAA) is in place for all platforms. 2) Bandwidth is sufficient for a seamless audio-visual connection. 3) When there is a failure of transmission or other technical difficulties that render the service undeliverable, there is evidence that the approved contingency plan is followed
TH SOC 10.1 **Contracting with Telehealth Companies**		1) OMH programs conduct their own credentialing of Telehealth Practitioners. 2) OMH programs conduct formal, regular and ongoing quality reviews of contracted Telehealth Services, either through direct supervision or chart reviews. a) Quality assurance activities are used to inform and guide planning and needed changes to improve outcomes. 3) The individual sees the same practitioner throughout their course of treatment, as possible. 4) Contracted Telehealth Practitioners support care beyond provision of direct services, such as team collaboration and consultation and emergency response.
TH SOC 11.1 **Children & Youth Specific Considerations**		1) The use of audio-only for conducting initial assessments occurs only under extenuating circumstances whereby if not delivered telephonically, the child/youth or family, as applicable, would not obtain the needed care or, a significant delay in services would result contributing to an increase in symptoms/risk that may necessitate an increased level of care, as documented in the individual's case record.

		2) For individual or dyadic sessions involving children in the early childhood range (birth to five), sessions via telehealth use audio-visual versus audio-only. 3) All services for children/youth (up to age 18 or 21, based on regulation and program guidance) must include visualization of the individual (using Audio-visual Telehealth Services or in-person) in the initial assessment period and every 12 months thereafter at minimum. When this does not occur, reasons should be documented.
TH SOC 12.1 **Quality and Continuity of Care**	1) All practitioners offer telehealth and in-person service. 2) Individuals seamlessly transition between tele-health and in-person services with the same practitioner, as requested and/or deemed appropriate/necessary.	1) Assessments and telehealth delivery are responsive to diversity, equity and inclusion. 2) The provider of service ensures individual's language needs are met: a) Interpreter services are provided in the individual's preferred language to individuals with LEP. b) Interpreter or communication access services are provided to individuals who are deaf or hard of hearing. c) Services provided are culturally competent. 3) Program maintains in-person capacity, for all licensed/designated/authorized services; individuals are not restricted to telehealth as the only or primary delivery option for any given service. 4) If in-person services are requested, they are offered without significant delay or disruption in care.