

**Self-Attestation of Compliance to Offer Telemental Health Services
14 NYCRR Section 596**

The following attestation must be submitted consistent with the Office of Mental Health (OMH) guidance dated March 30, 2020, which allows for the delivery of telemental health services by **OMH licensed, funded or designated programs**. It must be completed and submitted to Amy Smith at amy.smith@omh.ny.gov. Attestations are considered effective once submitted. Keep a copy for your records.

**Attestations previously submitted will be honored to include the additional provisions added on March 13 and March 30, 2020.*

Do you certify:

1. That the practitioner(s) will possess a current and valid license, permit, limited permit or other credential to the extent required in NYS to deliver the service.

Telemental health practitioner includes any professional, paraprofessional, or unlicensed behavioral health staff who deliver a qualified service via telemental health.

2. That transmission linkages on which Telemental Health Services will be performed, will be dedicated, secure, and meet minimum federal and NYS requirements.

Telemental health for Medicaid-reimbursable services is temporarily expanded to include:

- Telephonic; and/or
- Video, including technology commonly available on smart phones and other devices.

3. That confidentiality will be maintained as required by New York State Mental Hygiene Law Section 33.13 and 45 CFR Parts 160 and 164 (HIPAA Privacy Rules). (HIPAA confidentiality requirements have been relaxed to permit service delivery via telehealth. Current guidance regarding relaxed HIPAA enforcement standards can be found at <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>. NYS confidentiality requirements found in MHL 33.13 remain in effect and apply to all programs and services regulated by OMH, but do not prohibit service delivery via telehealth.)

4. That claim modifiers "95" or "GT" will be used on each claim line that represents a service via telemental health.

5. An understanding that this approval is time-limited and effective only during the disaster emergency, and once the disaster emergency has ended the formal approval process will go back into effect.

___ Yes ___ No

Agency Name: _____

Program Name(s) as identified in MHPD or PCS:

If Adult BH HCBS, specify each service type (CPST, PSR, Peer Support, etc.):

Signature and Title: _____

Date: _____

NOTE: This attestation is not to be altered in any way from its original version. Any altered attestations will not be valid.