



**Office of  
Mental Health**

# Telepsychiatry Regulation Changes

HANYS Webinar

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# Format

Part 599.17 has been repealed and a new Part 596 was adopted as final August 31, 2016.

New sections were added to be consistent with stand-alone regulations, e.g., background and intent, legal base, applicability, requirements for telepsychiatry services, and contracts for the provision of telepsychiatry services.



# Applicability

599.17 was limited to use between two Article 31 outpatient clinics.

596 allows for use between any OMH licensed setting and any NYS Medicaid enrolled setting, provided that the patient is in the OMH Article 31 site.

The regulations explicitly state that nothing in the part prohibits providers with telepsychiatry capacity from contracting for services with non-OMH licensed providers. While approval for such arrangements is not required, OMH requests notice so as to assess the potential impact on resource allocation.



# Use

Since telepsychiatry can now be used in CPEPs, Article 31 licensed inpatient settings, and EDs, limitations were added to exclude use for medication over objection, restraint and seclusion ordering, and Article 9 commitments, but it can be used for consultation related to another physician's examination.

Telepsychiatry cannot be used in ACT or PROS programs.



# Definitions

The definition of telepsychiatry remains unchanged.

Definitions were added for distant/hub site, encounter, encryption, nurse practitioner in psychiatry, originating/spoke site, physician, practitioner, provider of services, qualified mental health professional, and telecommunication system.



# Billing

The site where the patient sits (originating/spoke site) is authorized to bill Medicaid.

Telephone conversations, video cell phone interactions and email messages are not reimbursable.



# Equipment

Apple FaceTime is not allowed – must have the ability to pan, tilt, zoom.

# Additions

Recording – includes requirements, e.g. consent, for possible recording of sessions.



# Cultural Competency

Language change from translation to interpreter.

Added a clause about language preference, as opposed to inability to speak or understand.

# Privileging

Added the requirement that hub site physicians must be privileged at the originating/spoke site facility.

