



Admissions and Continuity of Care Advisory

March 20, 2020

We sincerely appreciate your dedication and support in this unprecedented time. The importance of providing mental health supports for the community is more critical than ever.

To support this, the State has immediately expanded the definition of Telemental Health, allowing essentially all staff in OMH licensed, funded and designated programs and services to provide services via telemental health, including the use of telephonic contacts. This includes a waiver of the requirement in Part 596.6(b)(1) that initial assessments are to be completed in person. Initial assessments may be completed via telemental health for the duration of the declared disaster emergency. We need to ensure mental health services and supports are delivered to the greatest extent possible.

OMH has been notified that some Article 31 Clinics and other key mental health service providers, including housing providers, have limited or closed new intakes and admissions. Although we understand that agencies are very quickly shifting operations to meet the needs of current clients, the mental health system must continue to support individuals stepping down from more intensive settings and levels of care, such as inpatient psychiatric hospitals, jails/prisons and CPEPs. If such settings cannot secure clinic appointments and/or housing placements, individuals may be unable to be discharged or released, potentially burdening the hospital system by restricting inpatient access to medically necessary care and placing individuals at increased risk of exposure to COVID-19. Individuals we serve may experience an exacerbation of behavioral health symptoms as they confront this crisis. This may result in the need for higher levels of care. We need to ensure as a system, that individuals are able to access appropriate supports when they need them, and move in and out of levels of care, avoiding delays that will have negative and severe impacts.

With respect to housing providers, admissions should continue where open beds are available. See link to screening guidance for behavioral health programs below. There may be limited exceptions, if for example, accepting an admission would force exposure to individuals already in housing who are positive for COVID-19.

As outlined in guidance below, OMH has allowed verbal consent for admissions and treatment/service plans, waived face-to-face requirements for behavioral health services, including intake and assessments, and continues to work with providers to support this rapidly changing environment. Capacity for agencies to provide face-to-face services should be maintained, when clinically indicated and safe for recipients and staff.

For more details, please see guidance below:

- [Supplemental Guidance Regarding Use of Telehealth for People Served by OMH Licensed or Designated Programs Affected by the Disaster Emergency](#)
- [Supplemental Guidance Regarding Use of Telehealth for People](#)

[Served Through OMH-Funded Programs During the Disaster Emergency](#)

- [Supplemental Guidance Regarding Use of Telehealth for People Served in OMH-Licensed or Funded Residential Programs During the Disaster Emergency](#)
- [Medicaid Update: COVID-19 Telephonic Communication Services](#)
- [Guidance for NYS Behavioral Health Programs](#)

This is a rapidly changing regulatory environment. Check back daily for updated guidance and information: <https://omh.ny.gov/omhweb/guidance/>

In addition, **all programs (including unlicensed programs) that anticipate or have experienced an interruption or suspension of operations** for any period of time due to the COVID-19 outbreak should follow the normal protocol for communicating with their field office and local governmental unit.

Questions or concerns may be sent via email to: transformation@omh.ny.gov.

Thank you for your cooperation and continued support.