

# Telepsychiatry

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**Presented by NYS OMH & Astor Services**



**Office of  
Mental Health**

# Telepsychiatry: An Overview

CTAC Webinar

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## Current Rules and Regulations

- Part 596 was adopted as final August 31, 2016.
- Allows for use between any OMH licensed setting (with the exception of ACT and PROS) and any NYS Medicaid enrolled setting, provided that the patient is in the OMH Article 31 site.
- Since telepsychiatry can now be used in CPEPs, Article 31 licensed inpatient settings, including RTFs, 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.



## Current Rules and Regulations

- The regulations explicitly state that nothing 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.
- Hub/distant site physicians must be privileged at the originating/spoke site facility.
- The originating/spoke site is authorized to bill Medicaid.
- Telephone conversations, video cell phone interactions and email messages are not reimbursable.



## Technical Aspects

- In order for telepsychiatry claims to be reimbursed, videoconferencing equipment must be employed allowing quality synchronous video and voice exchange between provider and patient.
- Three configuration standards approved by NYS for telepsychiatry services provided by OMH State Operations:
  - Dedicated Videoconferencing: Telepresence Systems with remote control of pan, tilt, zoom by the hub of the spoke camera
  - PC-Based Solution: PC or Laptop & Webcam with speakers, microphone, and remote control of pan, tilt, zoom by the hub of the spoke camera
  - Mobile: Tablets with remote control of pan, tilt, zoom by the hub of the spoke camera
- Apple FaceTime is not allowed – must have the ability to pan, tilt, zoom



## What's Next?

- Contracting with telemedicine companies that have NY State licensed providers
  - Working with DOH and OASAS to coordinate efforts
  - OMH will be issuing guidance
    - Key provisions
      - Agencies contracting with companies must still demonstrate full compliance with all regulations
      - OMH must review the contract language to ensure that it does not constitute a Corporate Practice of Medicine issue
      - While the company need not be located in NY State, the provider must be physically in the state, even if they are in a private office or a home office
      - Spoke site, i.e. the agency where the person receives the service, is the billing entity
- Working to determine if telemedicine accreditation can be used to satisfy regulatory requirements
  - There are two accreditation companies in the US
  - Currently exploring their standards and procedures



## What's Next?

- Expansion
  - To include other disciplines (i.e.: psychologists, social workers, licensed mental health counselors)
  - Will need to define subset of services that would be applicable to video delivery
  - To include Medicaid coverage for individuals with limited access to specialized services or evidence-based practices (i.e.: deaf individuals)
    - may include on-going services delivered in the home setting
  - Allowing use in PROS settings
  - Based on a pilot we are currently engaged in, allowing telepsych for Article 9 commitments



## What's Next?

- Guidance for using telehealth services on inpatient units, including RTFs
  - consulting with providers that currently use telepsych services in inpatient settings to explore potential
- Have offered waivers to CCBHCs and selected mobile crisis providers to allow for iPad device communication for the purposes of making disposition decisions in the field





## Licensing Process

1. Spoke/originating site submits an Administrative Action (AA) via the Mental Health Provider Data Exchange (MHPD) with all supporting documents (attestation, technical guidelines checklist, policy & procedure).
2. The Regional Field Office reviews all the documents and conditionally supports the AA, if appropriate.
3. Field Office conducts a “pre-opening” visit to review the spoke site.
4. Field Office supports the AA, if appropriate.
5. An amended operating certificate is issued identifying telepsychiatry as an optional/additional service.



## Approvals to Date

- Approved:
  - Local providers: 25
  - State providers: 9
- Pending:
  - Local providers: 10
  - State providers: 0

## Links

OMH Telepsychiatry Services Webpage:

[https://www.omh.ny.gov/omhweb/clinic\\_restructuring/telepsychiatry.html](https://www.omh.ny.gov/omhweb/clinic_restructuring/telepsychiatry.html)

Delivering Online Video Based Mental Health Services Course:

<http://learn.americantelemed.org/diweb/catalog/item/id/241193/q/o%3Dn%26c%3D96%26t%3D3359>

The American Telemedicine Association:

<http://thesource.americantelemed.org/resources/telemedicine-practice-guidelines>



# Telepsychiatry at Astor

## Lessons Learned

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PRESENTED BY:

ANDREW KUNTZ &  
SEAN SARNECKY

# OUR SITES

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## Hub Sites:

- ▶ Tilden OPC 750 Tilden St. Bronx 10467
- ▶ Highbridge OPC 1419 Shakespeare Ave. Bronx 10452

## Spoke Sites (fully licensed):

- ▶ PS 42
- ▶ JHS 118
- ▶ Barnes Ave. Campus (3 collocated middle schools)
- ▶ MS 80
- ▶ MS 391
- ▶ Fanny Lou Hamer Middle School
- ▶ Teller Ave. Campus (3 collocated middle schools)

Six additional Bronx school satellite clinics have license applications filed, and another six school locations being prepared.

# OUR SPECS

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- ▶ **HUB Locations**
- ▶ **Apple iMac 27" w/built in HD webcam, speakers, and microphone**
- ▶ **Apple iMac 21" w/built in HD webcam, speakers, and microphone**
  
- ▶ **SPOKE Locations**
- ▶ **Apple iMac 21" w/built in HD webcam, speakers and microphone**
- ▶ **Apple iPad Air2 w/built in HD webcam, speakers and microphone**
- ▶ **Apple MacBook Air 13" w/built in HD webcam, speakers and microphone**
  
- ▶ **Camera-(For all spoke locations)**
- ▶ **Logitech C930e -1080P HD**
- ▶ **90-degree diagonal field of view + Pan-Tilt Zoom**
- ▶ **Mechanical auto-focus/Facial Recognition-Subject Tracking**

# SPEC DETAILS

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## Video Cameras

- ▶ Camera-(For all spoke locations)
- ▶ Logitech Webcam C930e
- ▶ 90-degree diagonal field of view + Pan-Tilt Zoom
- ▶ Mechanical auto-focus/Facial Recognition-Subject Tracking
- ▶ Apple MacBook Air 13” 720p FaceTime HD camera-DISABLED During Telepsychiatry sessions
- ▶ Apple iMac 21” FaceTime HD Camera 3840x2160 ppi 4K resolution
- ▶ Apple iMac 27” Face Time HD Camera 4096x2160ppi 4k resolution

## Computer Hardware

- ▶ Apple MacBook Air 13” 1.6GHz dual-core Intel Core i5 (Turbo Boost up to 2.7GHz) /4GB 1600MHz LPDDR3 onboard memory
- ▶ Apple iMac 21” 1.6 GHz dual-core Intel Core i5 (Turbo Boost up to 2.7 GHz) /8GB 1867MHz LPDDR3 onboard memory
- ▶ Apple iMac 27” 3.2 GHz quad-core Intel Core i5 (Turbo Boost up to 3.6GHz)/8GB 1867MHz DDR3 memory

## Operating System

- ▶ Desktop/Laptop- OS X El Capitan

## Video Conferencing Software

- ▶ Zoom US Business Video Conferencing-Healthcare

# LESSONS LEARNED

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## Licensing

- ▶ Changes can happen fast with new services as technology and licensing requirements develop. We have a “weather eye” to telepsychiatry developments in NYS and in the country and we try to anticipate next ‘best practices’.

## Connectivity is a moving target

- ▶ The best hardware and software still does not guarantee consistent connectivity. Good audio and video, whether Wi-Fi or hard-wired, are subject to problems in the hub and spoke sites, and can vacillate for a number of reasons.
- ▶ Hub location connections are more controllable but each spoke location is different with different issues and solutions. IT will need to work with each spoke situation and with school IT for optimal configuration. Allow time for IT to work with each site.
- ▶ There needs to be a viable “plan B” for connectivity issues that occur in sessions. We have experienced the most variability with sound and not video feed.



# LESSONS LEARNED (cont.)

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## Misc. Thoughts on Procedures

- ▶ Configure ECR long in advance for telepsychiatry modifier
- ▶ Involve front office/scheduling staff and MD/NPP staff in developing procedures, as well as 'spoke' staff.
- ▶ Start informing parents early, prior to 'informed consent' meetings so they will have time to assimilate the idea of telemetry services. Advertise to spoke site as well so they are informed well before services begin.
- ▶ Work with psychiatric staff to assess their level of comfort and compatibility with telepsychiatry. Some will be willing, some reluctant. To help with these issues medical staff have been responsive to involvement in helping to determine exclusion/inclusion parameters for telepsychiatry services, informed consent procedures and emergency procedures/contingency plans for problems during a telepsychiatry session.

# LESSONS LEARNED (cont.)

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- ▶ **Make sure scheduling is worked out with spoke/hub. Who will be doing the scheduling? How will parents be notified?**
- ▶ **Determine how spoke staff are to be used in support of telepsychiatry, and whether additional staff are to be utilized. (Weights & measures for clients)**

# Questions?

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Check out our website: [www.ctacny.org](http://www.ctacny.org)



CTAC email: [ctac.info@nyu.edu](mailto:ctac.info@nyu.edu)