



Office of Children and Family Services

ANDREW M. CUOMO
Governor

SHEILA J. POOLE
Commissioner

Self-Attestation of Compliance to offer Telehealth & Telemental Health Services during the COVID-19 Declared Disaster Emergency

Definitions: Telehealth and 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.

For the duration of the declared disaster emergency, specific OCFS-designated programs can deliver services through telephone and/or video using any staff allowable under the current program regulation or state-issued guidance as medically appropriate. Telehealth and telemental health practitioners include any professional, paraprofessional or unlicensed behavioral health staff who deliver a qualified service via telehealth or telemental health.

Applicability: This guidance is applicable to the following OCFS programs and services:

- VFCA Medicaid Per Diem Services; and
- OCFS-designated Children and Family Treatment and Support Services (CFTSS).

Do you certify that all of following are true:

1. That the providers include professional, paraprofessional or unlicensed health or behavioral health staff who deliver a qualified service via telehealth or telemental health;
2. That the transmission linkages on which the services will be performed will be dedicated, non-public facing, and secure, in compliance with all active federal and New York State requirements;
3. That confidentiality will be maintained as required; and
4. That you understand that this approval is time-limited and effective only during the disaster emergency?

YES NO

5. For CFTSS only: do you further certify that claim modifiers "95" or "GT" will be used on each claim line that represent a service via telehealth or telemental health?

YES NO

AGENCY NAME: _____ DATE: _____

SIGNATURE AND TITLE: _____

SPECIFY EACH SERVICE TYPE: _____

EMAIL THIS FORM TO: Mimi.Weber@OCFS.NY.GOV

OCFS USE ONLY:

DATE RECEIVED: _____ DATE AUTHORIZED: _____

NAME AND TITLE OF AUTHORIZER: _____