



April 11, 2020

**Documentation Guidance for Clinic Treatment Programs
Regarding Emergency Response to COVID-19**

Introduction

As a result of the COVID-19 Disaster Emergency, service delivery across the system has transformed into a largely telemental health service modality. Although telemental health is a useful tool in these circumstances, it does pose challenges for Clinic Treatment Programs. To address these concerns, the New York State Office of Mental Health (OMH) is issuing documentation guidance intended to reduce the administrative burden on program staff, while ensuring the best possible provision of ongoing care and support.

New York State is in the midst of a rapidly evolving public health emergency, and guidance and recommendations are being updated frequently. OMH is working closely with the Department of Health and Center for Medicaid and Medicare Services to put in place program expectations and reduced billing standards, which will be announced in guidance, as soon as possible. Providers should regularly review [OMH's Guidance Documents page](#) for updates.

Changes in Documentation Requirements during the Disaster Emergency:

For existing Clinic clients during the disaster emergency:

- Treatment plan reviews are not required and may be postponed, as needed.
- Providers may work under existing treatment plans and provide additional services, as needed, to ensure continuity of care and address mental health needs related to the disaster emergency.
- The need for additional services, which were not already documented in the treatment plan, should be documented in a progress note and approved by a physician, at the earliest practicable time during or after the disaster emergency.

For new Clinic clients admitted during the COVID-19 disaster emergency:

- Initial treatment plans and assessments may be established via telemental health capabilities (see [OMH Telemental Health Guidance](#); [Admissions and Continuity of Care memo](#)).
- Specific timeframes for developing initial treatment plans are waived. Admissions should be prioritized and established in the most efficient way possible, given the current disaster emergency.
- Signatures, including that of the physician and the client, on all required documentation can be obtained verbally and documented in the record.



Assessments and initial treatment plans should be focused on presenting immediate needs of individuals, including medication management, health and safety needs and acute psychiatric symptoms. Treatment should commence immediately.

Utilization Review

Providers may suspend their Utilization Review process for the duration of the disaster emergency. It is OMH's expectation that this process will resume once the disaster emergency is over.