



April 11, 2020

Documentation Guidance for Adult and Children's Residential 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 residential 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 residential clients during the disaster emergency:

- Service Plan reviews are not required and may be postponed, as needed.
- Providers may work under existing service 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 service plan should be documented in a progress note. These services should be added to the service plan at the earliest practicable time during, or after, the disaster emergency.
- When service plans are reviewed or revised, or for any other required documentation, signatures can be obtained verbally and documented in the record.

For new residential clients during the COVID-19 disaster emergency:

- Initial service plans may be established via telehealth capabilities (see [Consolidated Telemental Health Guidance](#) and [Admissions and Continuity of Care memo](#)).
- Specific timeframes for developing initial service plans are waived. Admissions should be prioritized and established in the most efficient way possible, given the current disaster emergency.



- Signatures on all required documentation can be obtained verbally and documented in the record.
- Assessments and initial service plans should be focused on the presenting immediate needs of individuals, including medication management, health and safety needs and acute psychiatric symptoms. Services 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.