

**Policy:** DOHMH expects Mental Hygiene (sub)contracted providers to continue delivery of essential services during the COVID-19 pandemic. Non-essential services may be significantly modified or discontinued temporarily to support essential service delivery, in consultation between the provider agency and DOHMH. The mode of delivering both essential and non-essential services may be altered, as per below. Many programs provide a mixture of essential and non-essential services; therefore, review this document completely and consult with your DOHMH Program Specialist, Program Consultant, or Contract Manager to guide your program’s service delivery.

1. DOHMH will reimburse for legitimate expenses even if usual service delivery is modified as long as this is done **in consultation with DOHMH** and in good faith to serve New Yorkers with Behavioral Health or Development Disabilities.
  - a. Keep record/receipt of legitimate program expenses and under what circumstances funding is being used
2. Essential service delivery is expected to continue; new intakes cannot stop unless otherwise directed by DOHMH.
  - a. Essential services include:
    - i. Medication: assessment, prescription, delivery, dispensing, injection
    - ii. Crisis de-escalation and crisis intervention: emotional crises (e.g., heightened symptoms of mental illness) and concrete crises (e.g., eviction, lack of food) that require immediate attention and resolution
    - iii. Provision of safer substance use supplies
    - iv. Individual counseling/therapy
    - v. Dissemination of COVID-19 related information to all current clients/tenants from the [DOHMH](#) and [CDC](#) websites and as received via DOHMH emails
    - vi. Support the emotional and physical needs of vulnerable current clients/tenants to promote recommended physical proximity and [safety practices](#) set forth by the CDC (e.g, helping clients/tenants to plan for food needs, cleaning/disinfecting and mitigating the stress of isolation)
  - b. Essential services should be delivered remotely as much as possible
    - i. Telemental health for Medicaid-reimbursable services is temporarily expanded to include telephonic and/or video as per [OMH](#), [OASAS](#) and [OPWDD guidance](#)
    - ii. Phone, video or email contacts in lieu of face to face will count for DOHMH contracts (i.e., levels of service, deliverables)
    - iii. Providers should consult with their DOHMH Program Specialist, Program Consultant, or Contract Manager regarding alternative approaches to service delivery (phone, web)
  - c. For services that cannot be delivered remotely, such as the provision of medicine or safer substance use supplies and some crisis intervention
    - i. Call ahead and screen for symptoms of [COVID-19](#)



**Guidance to DOHMH Division of Mental Hygiene (Sub)Contracted Providers  
March 18, 2020 – Revision #1**

1. If the person or anyone in the household screens positive, follow guidance for referral to a [medical provider](#)
2. If everyone in the household screens negative, proceed with service delivery and follow recommended physical proximity and [safety practices](#) set forth by the CDC
- ii. If a client/tenant (including new intakes) cannot be reached by phone, video or email to screen remotely for symptoms of [COVID-19](#), providers that typically go into the community are expected to continue to make community visits/outreach *with the following precautions*:
  1. Screen for symptoms of [COVID-19](#) in person and follow recommended physical proximity and [safety practices](#) set forth by the CDC (from doorway/hallway/courtyard/street) as best as possible respecting privacy
    - a. If the person or anyone in the household screens positive, follow guidance for referral to a [medical provider](#)
    - b. If everyone in the household screens negative, proceed with service delivery and follow recommended physical proximity and [safety practices](#) set forth by the CDC
3. Non-essential service delivery may be discontinued; new intakes may stop
  - a. Non-essential services include all other services supported by DOHMH Mental Hygiene (sub)contracts not specified as essential
    - i. Examples include, but are not limited to, training, vocational/educational support, group therapy, recreation/socialization activities, and support groups
  - b. Non-essential services should be delivered exclusively via phone, video, or email
    - i. Telemental health for Medicaid-reimbursable services is temporarily expanded to include telephonic and/or video as per [OMH](#) , [OASAS](#) and [OPWDD guidance](#)
    - ii. Phone, video or email contacts in lieu of face to face will count for DOHMH contracts (i.e., levels of service, deliverables)
    - iii. Providers should consult with their DOHMH Program Specialist, Program Consultant, or Contract Manager regarding alternative approaches to service delivery (phone, web)
  - c. Providers may choose to discontinue non-essential services and, in consultation with DOHMH, may develop alternative uses for program resources (staff, site, etc.)