

## **ATTACHMENT B**

### **Pennsylvania Behavioral Health Medical Assistance Providers**

#### **Exception Request for Telehealth**

The Office of Mental Health and Substance Abuse Services (OMHSAS) Telehealth Bulletin OMHSAS-22-02 requires that the HealthChoices Primary Contractors ensure that behavioral health providers who deliver services through telehealth within their service area can also arrange for services to be delivered in-person by maintaining a physical location for the delivery of services in-person within 60 minutes or 45 miles (whichever is greater) from the area served, with appropriate licensure for the services provided through telehealth.

The HealthChoices Primary Contractor may apply for an exception to allow licensed practitioners and/or provider agencies beyond the 60 minute/45 mile restriction to deliver services through telehealth in their service area when supporting additional access to services, or in circumstances when the licensed practitioner and/or provider agency is needed to meet the cultural, racial/ethnic, sexual/affectional or linguistic needs of individual(s) served or when a licensed practitioner serves less than 5 individuals outside of the 60 minute/45 mile restriction.

#### **Instructions**

- Each item must be responded to completely.
- When exception requests are for a provider agency, one exception request can be submitted for the provider agency that will cover all the licensed practitioners and unlicensed behavioral health staff working through that provider agency.
- Exception requests will be authorized for a maximum of 1 year. Renewals should be requested at minimum 60 days prior to the expiration date of the approved exception request.
- HealthChoices Primary Contractors must submit their completed form to the OMHSAS electronic resource account [RA-PWTBHS@pa.gov](mailto:RA-PWTBHS@pa.gov) at least 60 days prior to the anticipated start date of telehealth service delivery under the exception.

## I. Exception Request:

(Completed by the HealthChoices Primary Contractor)

### a. HealthChoices Primary Contractor

<b>HealthChoices Primary Contractor</b>	
<b>Contact Person:</b>	
<b>Phone Number:</b>	
<b>Email:</b>	

New Exception Request

Renewal Exception Request

Current Exception Request Expiration Date:

### b. Provider Information

<b>Provider Name:</b>	
<b>Contact Person:</b>	
<b>Phone Number:</b>	
<b>Email:</b>	
<b>License Number(s):</b>	
<b>Issuing State:</b>	
<b>Services Provided:</b> <i>list all services the provider will offer through telehealth under this exception request. Do not include services the provider offers in-person only.</i>	

**c. Provider and Service Locations:** Please list the physical address of the licensed practitioner or licensed provider agencies that will provide telehealth delivered services.

#	Provider Site Address	13-digit Provider PROMISe ID
1		
2		
3		
4		
5		

**d. Exception Request:** Please indicate the exception category request

- Supporting additional access to services (specify below)
- Licensed practitioner and/or provider agency is needed to meet the cultural, racial/ethnic, sexual/affectional or linguistic needs of individual(s) served. (Specify the specific needs below)
- Licensed Practitioner serves less than 5 individuals outside of the 60 minute/45 mile limit.
- Other (Please describe)

**Rationale:** Briefly describe the specific circumstances for which this exception is requested, including how the need for this exception was identified. (1 page maximum)

**In-person Service Delivery and Crisis Plan:** Briefly describe how the needs of individuals that require or request services to be delivered in-person will be met, including crisis services. (1 page maximum)

**HealthChoices Primary Contractor Agreement:**

*(To be signed by the HealthChoices Primary Contractor)*

I understand the HealthChoices Primary Contractor cannot offer services through telehealth under the exception allowance until approval is received from OMHSAS. The HealthChoices Primary Contractor is responsible for ensuring all providers under the exception are monitored for compliance with OMHSAS-22-02 OMHSAS reserves the right to revoke telehealth exception approval prior to the date of expiration if the provider delivers services that are not consistent with OMHSAS-22-02

HealthChoices Primary Contractor Representative Name:

HealthChoices Primary Contractor Representative Signature: \_\_\_\_\_

Date:

## **II. OMHSAS Approval**

*(To be completed by OMHSAS)*

The exception request is approved.

This authorization expires on

The exception request is not approved.

OMHSAS Representative Name:

OMHSAS Representative Signature: \_\_\_\_\_

Date: