TELEHEALTH FOR PROVIDERS: WHAT YOU NEED TO KNOW

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TELEHEALTH BASICS

What is telehealth?

Telehealth, sometimes referred to as telemedicine, is the use of electronic information and telecommunications technologies to extend care when you and the patient aren't in the same place at the same time. Technologies for telehealth include videoconferencing, store-and-forward imaging, streaming media, and terrestrial and wireless communications. Telehealth services may be billed and paid differently, depending on the payer/insurer you're working with and your geographic location. Find more information in Billing for Telehealth.

Telehealth allows health care providers to:

- Increase continuity of care

- Extend access to care beyond normal hours

- Reduce patient and provider travel burden

- Help overcome clinician shortages, especially among rural and other underserved populations

- Provide support for patients managing chronic health conditions

- Screen patients with symptoms of COVID-19 and refer as appropriate

- Enable patients who are vulnerable to COVID-19 to continue receiving medical care safely

- Help stop the spread of infectious diseases

- And more

When to use telehealth

The appropriate use of telehealth may depend on the patient or situation, and it's ultimately decided by the provider. These are situations where providers may find telehealth more, or less, appropriate:

Telehealth is **likely appropriate** for:	Telehealth is **less appropriate** for:
General wellness visits	Health concerns that require a procedure
Management of chronic conditions	Abdominal pain
Discussion of test results	Eye complaints
Counseling about diagnostic and therapeutic options	Gynecologic complaints
Dermatology	Dental complaints
Prescriptions for medicine	Highly nuanced or multiple complex health concerns
Nutrition counseling	Any situation in which a physical exam would change your recommendation
Mental health counseling	
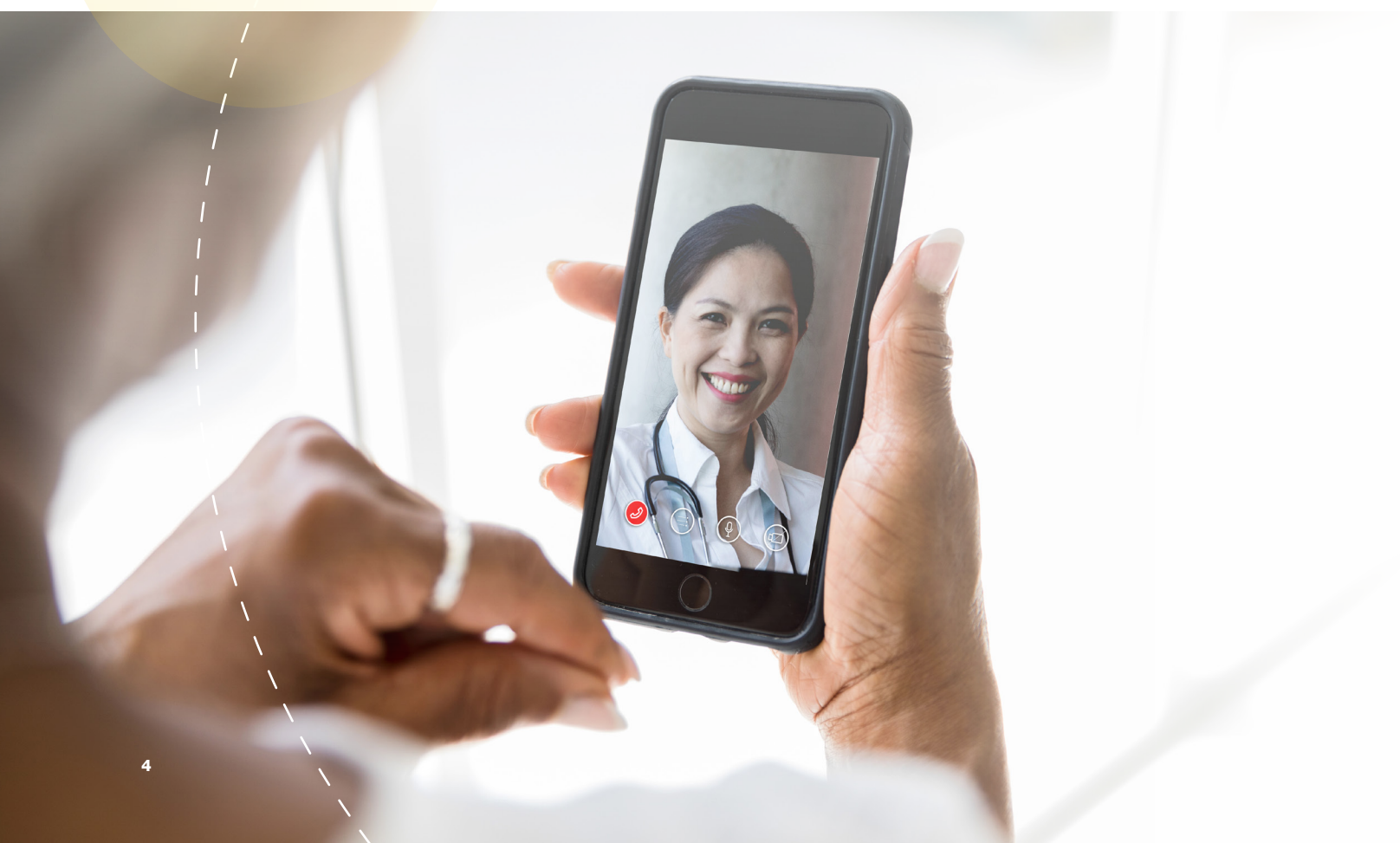
Types of telehealth

Live video – Also referred to as "real-time;" a two-way, face-to-face interaction between a patient and a provider using audiovisual communications technology

Store-and-forward – Remote evaluation of recorded video and/or images submitted by an established patient

E-visits – Non-face-to-face patient-initiated communications through an online patient portal

Remote patient monitoring – Use of digital technologies to collect health data from patients in one location and electronically transmit that information securely to providers in a different location (data can include vital signs, weight, blood pressure, blood sugar, pacemaker information, etc.)

Audio-only visits – Use of telephone for visits without video

Mobile health (mHealth) – Allows patients to review their personal health data via mobile devices, such as cell phones and tablet computers, which can be done from their home and assists in communicating their health status and any changes; often includes use of dedicated application software (apps), which are downloaded onto devices

Case-based teleconferencing – Method of providing holistic, coordinated, and integrated services across providers; usually interdisciplinary, with one or multiple internal and external providers and, if possible and appropriate, the client and family members/close supports

STARTING & SUSTAINING TELEHEALTH

Step 1: Select a telehealth vendor

Identify any technology that you have access to already. For example, your patient portal may have some type of telehealth functionality built in. When researching additional options, you may wish to consider:

- How will the vendor protect personal health information?
- Is a contract required?
- Is any special equipment required?
- Does it offer a waiting room feature?
- Can staff or patients schedule visits through the platform?
- Will patients provide consent to receive telehealth on the platform itself?
- Do patients need to download an app to have a telehealth visit?
- Does it offer end-to-end encryption?

Public health emergency (PHE) policy update

During the PHE, HHS issued a temporary notice to allow covered providers to use popular non-public facing communications apps to deliver telehealth during the COVID-19 PHE, such as:

Apple FaceTime	Facebook Messenger video chat	Google Hangouts video	Zoom	Skype

Covered health care providers that seek additional privacy protections for telehealth while using video communication products should provide such services through technology vendors that are HIPAA compliant and will enter into HIPAA business associate agreements (BAAs) in connection with the provision of their video communication products. The list below includes some vendors that represent that they provide HIPAA-compliant video communication products and that they will enter into a HIPAA BAA.

- Updox
- VSee
- Skype for Business / Microsoft Teams
- Zoom for Healthcare
- Spruce Health Care Messenger
- Doxy.me
- GoToMeeting
- Google G Suite Hangouts Meet
- Amazon Chime
- Cisco Webex Meetings / Webex Teams

Many of these apps are free for providers to use. Providers should notify patients that these third-party apps potentially introduce privacy risks and should enable all available encryption and privacy modes when using them. Read the HHS temporary notice for more, and check back for updates when the PHE has concluded.

Step 2: Prepare for telehealth implementation

Establish a telehealth workflow and protocols. Consider:

- When you'll be available for telehealth appointments

- What services you'll offer (if you'll be offering behavioral health care, see Telehealth for behavioral health)

- How patients will schedule appointments

- How you'll access the information you need for each patient visit

- Who will greet the patient first when they join the visit — for example, you may want a medical assistant to ask some initial questions before you join

- How you'll get consent from patients

- How you'll support patients who have limited English proficiency (see Considerations for various populations)

- How you'll support patients living with disabilities, such as hearing loss or visual impairment (see Considerations for various populations)

- How you'll facilitate access to telehealth for all your patients and ensure they get the most out of their visit (see Telehealth for rural populations and Telehealth for all)

- How you'll support a caregiver or another person who needs to assist a patient during the telehealth visit

- How you'll obtain payment after a visit

- Who will monitor the sustainability and long-term success of your telehealth program and adapt or modify the services based on patients' needs and your resources/capacity
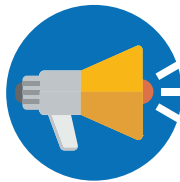
Educate your patients about the availability of telehealth visits. Some options include:

- Updating your website

- Sending an email to your patients

- Sharing information via social media channels

- Offering the services when patients call to schedule a visit

Create a Q&A sheet to share with patients or share the Telehealth: What to Know for Your Family resource. Let patients know what to expect and what will be expected of them.

If patients must download an app, prepare a script to help them download the app and walk them through the platform. Become familiar with the platform yourself so you can help troubleshoot during the visit.

Test your equipment before each visit to ensure there are no complications. Enter the platform and check your audio and video. Remember to be in a private space and remove any objects, like sticky notes, that may be blocking your camera. If you're using an interpreter, make sure their equipment is also working and that they are ready and dialed in for the telehealth visit.
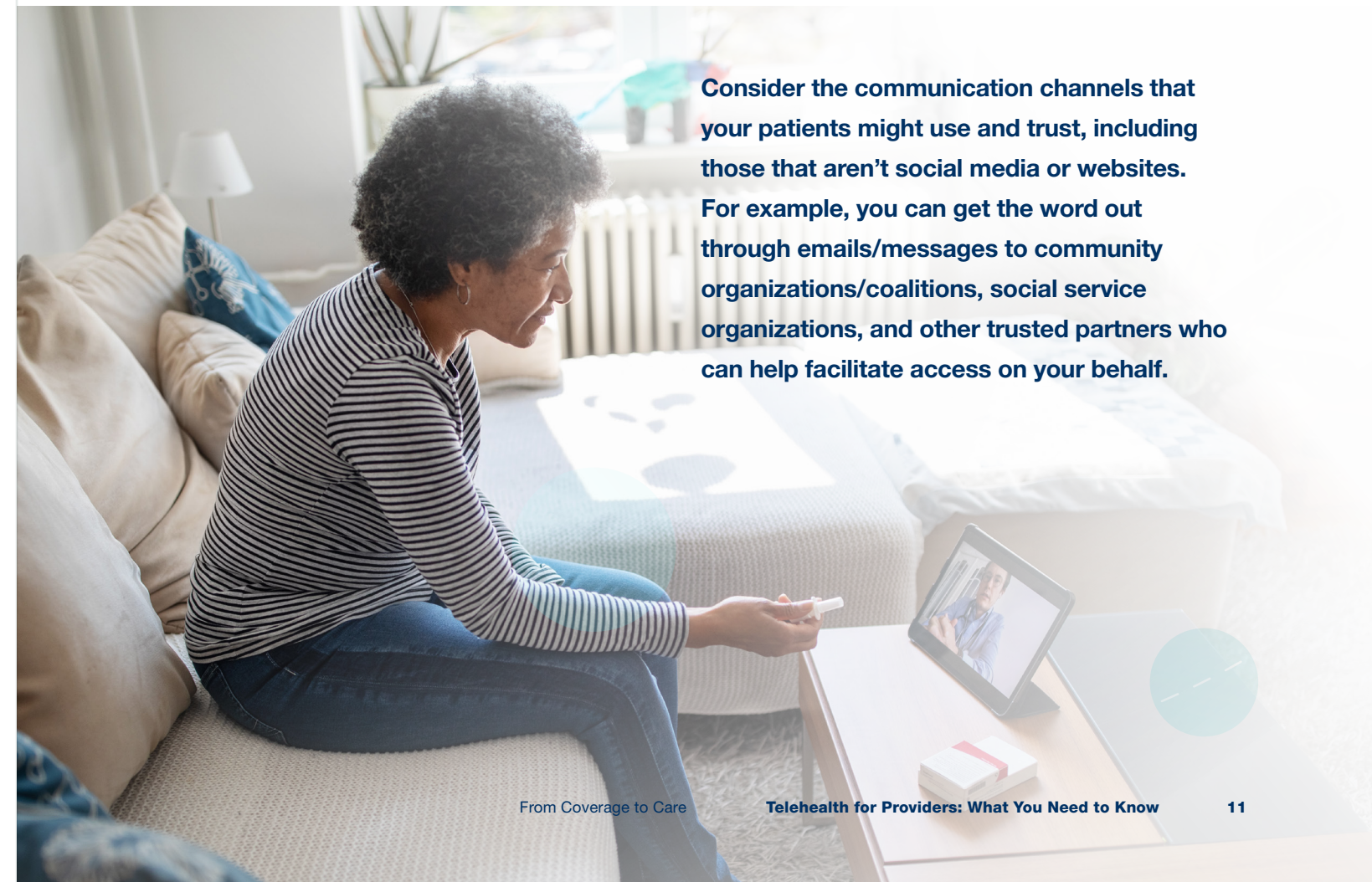
Consider the communication channels that your patients might use and trust, including those that aren't social media or websites. For example, you can get the word out through emails/messages to community organizations/coalitions, social service organizations, and other trusted partners who can help facilitate access on your behalf.

If possible, have IT support available to assist if technology issues occur.

Make sure you have consent for the visit if needed. Each state has different guidelines; some require paper documentation. Regardless of state laws, keep in mind these best practices:

- When you meet with a patient, explain what they can expect from the telehealth visit and what their rights are.
- Check in with the patient about their responsibilities during a telehealth visit — for example, they need to be aware of privacy on their end.
- If there is anyone observing the visit, tell the patient and get their consent at the start.
- Don't record a visit.

Talking to **patients** about telehealth:	Talking to your **staff** about telehealth:
Share the benefits of telehealth relevant to them. For example, explain how it reduces their exposure during COVID-19, is more convenient, and saves time.	Arrange a training with your software vendor and invite all relevant staff.
Help them identify the equipment they have available for telehealth. Let them know that audio-only visits are available (if you provide them).	Hold a Q&A session with staff and create a list of technical FAQs for them to reference later.
Explain how their personal information will be protected.	Encourage staff to do "practice runs" and test out the software.
Offer information to patients who may not be able to afford the cost of internet or phone services about other options or resources to help.	Consider holding a patient interaction training, as positive interactions can look different via telehealth.
Encourage them to check with their health insurance about how telehealth is being covered. If they are a Medicare beneficiary, let them know that CMS has expanded coverage of telehealth for Medicare beneficiaries.	Be patient; learning how to use unfamiliar technology can take a lot of practice.
You may receive pushback from some patients who aren't interested in using telehealth. Listen to their concerns and let them know telehealth may be an option if they change their mind.	Provide additional training sessions and/or share informational resources regularly.
	Educate staff on the presence of security risks as well as best practices for safe remote work and use of mobile communications devices.

Step 3: Conduct a telehealth visit

At the beginning of the visit:

- Go into a private room and put a sign on the door so no one enters the room.
- If the patient is new, introduce yourself and confirm the patient's identity. Have them show you their driver's license or valid photo ID.
- Discuss the purpose of the visit and let them know what to expect.
- Obtain the patient's consent to the purpose of the visit and their participation. Chart this consent if needed.
- Determine who is in the room with the patient. You can ask a family member to step out of the room if needed.
- Assure the patient that their information will be secure. Confirm that they have the privacy they need.
- Outline the session to let the patient know what to expect.
- Discuss what to do if the patient loses connectivity. Get their phone number; a phone call can be a good option if the patient can't access the internet.

During the visit:

- Obtain the patient's health history if needed.
- Maintain the same standard of care as an in-person visit. Telehealth takes practice, and you'll get more comfortable the more you do it.
- Obtain as much clinical data as possible. If it is a video visit, try using creative strategies in place of peripherals. For example, use household items like an iPhone or Apple Watch to get information.
  - Explore your options for using peripherals for clinical assessment, diagnostic testing, and clinical treatment at a distance. You may have access to noninvasive peripherals like stethoscopes and invasive peripherals like cystoscopy.

At the end of the visit:

- Provide a plan for the patient, set up any referrals needed, and send notes to the patient, just as you would after an in-person visit.

Telehealth tips

How to set up for a telehealth visit:

Ensure your lighting is correctly placed. If possible, conduct the visit with natural light in front of you.

Eliminate background noise as much as possible. Make sure you're muted when you aren't speaking.

Check your surroundings. Avoid leaving anything behind you that you wouldn't want your patients to see, especially personal items. Ensure your space isn't cluttered.

Wear appropriate clothing that you'd wear to an in-person visit. If you normally would, wear a lab coat and ensure your name badge is visible if possible.

Avoid "primping" (looking at yourself on the screen, fixing your hair, etc.).

Ensure your head placement is in the center of the screen.

Maintain proper eye gaze. Look at the area on your computer between the camera and the center of the screen.

Let the patient know when you're charting so they know why you're looking down.

How to effectively communicate during a telehealth visit:

Maintain a normal pace of speech. Talk slowly enough that the patient can understand you. You may have to take longer pauses than you would during an in-person visit.

Use empathetic word choices mindfully and nod your head so the patient knows they're being heard and understood.

Ensure your facial expressions and words are congruent.

When you're listening quietly, be aware of your resting face.
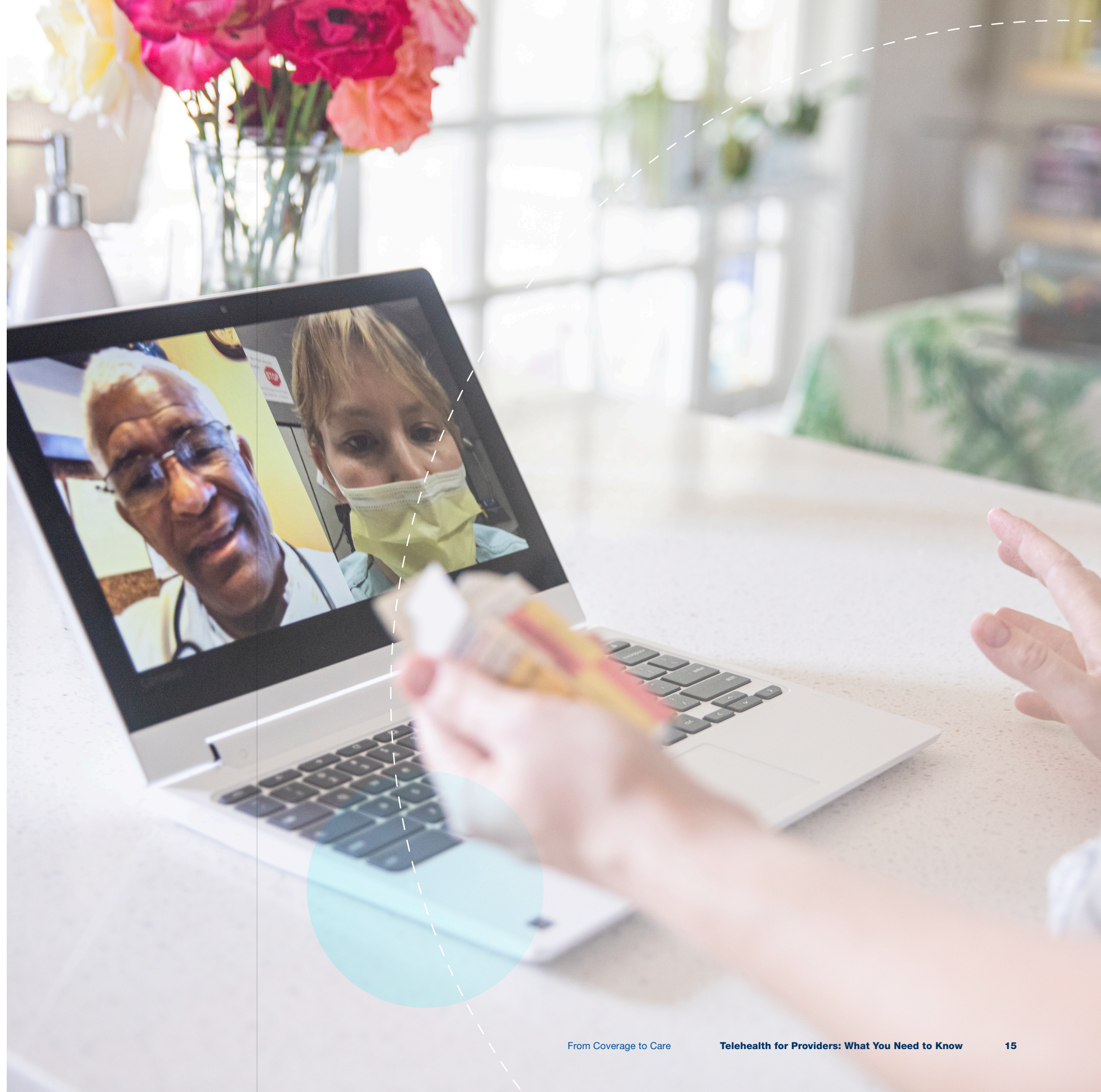
Considerations for various populations

Outlined below are considerations for people with disabilities, non-English-speaking patients, rural populations, behavioral health, and additional tips for any patient. For more information on telehealth equity and access, please visit the HHS telehealth website.

People with disabilities

Access to telehealth and telecommunications technology must be inclusive, especially for those patients who may have disabilities that cause the use of technology and/or communication to be more challenging.

Section 504 of the Rehabilitation Act and the Americans with Disabilities Act protects qualified individuals with disabilities from discrimination on the basis of disability in the provision of benefits and services.

To provide these individuals with effective communications, covered providers must provide auxiliary aids and services when needed. Providers should discuss what aid or service is most appropriate with the person making the request.

Examples of aids and services your patient may need include:

For blind/vision-loss/deaf-blind patients — Providing a qualified reader; information in large print, Braille, or electronically for use with a computer screen-reading program; or an audio recording of printed information

For deaf/hearing-loss/deaf-blind patients — Providing a qualified notetaker, qualified sign language interpreter, oral interpreter, cued-speech interpreter, tactile interpreter, real-time captioning, written materials, or a printed script of a stock speech

For patients with speech disabilities — Providing a qualified speech-to-speech translator, or suggesting the patient use paper/pencil to write out words; staff should listen attentively and not be afraid to ask the patient to repeat a word or phrase they don't understand

Per HHS Office for Civil Rights (OCR) Guidance, failure to ensure that services provided through Electronic and Information Technology (EIT) are accessible to people with disabilities may constitute discrimination under federal civil rights laws.
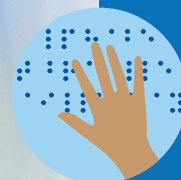
Non-English-speaking patients

Providers should be aware of the unique challenges that non-English speakers face when using telehealth.

- Non-English speakers are far less likely to use portals than English speakers, due to a combination of technology and language barriers. Consider whether a portal is required for these patients or whether there is another way to connect with them.

    See the PHE policy update section in this toolkit for a list of communications apps that are covered during COVID-19.

- To effectively communicate with non-English speakers, providers can conference a medical interpreter into the call or video. Medical interpreters are specially trained in medical terminology, patient privacy, and cultural awareness.

- Remote interpreting companies contract medical interpreters. Some companies can give interpreters direct access to a portal, so they can join the virtual room at the same time as the patient. Alternate ways to bring in an interpreter include:

    – Securely sending the virtual room link to the interpreter

    – Keeping the provider and patient on video, with the interpreter on speaker phone

    – Holding a 3-way telephone call with the provider, patient, and interpreter (without video)

Telehealth for rural populations

Telehealth is especially critical in rural and other remote areas that lack sufficient health care services, including specialty care. However, rural communities face specific barriers to implementing telehealth, particularly limited access to high-speed internet and smartphones. Expanded broadband access is needed to reduce health disparities for rural patients who could benefit greatly from telehealth.

In response to this digital divide, federal, state, tribal, and territorial governments have developed innovative strategies to improve telehealth access and utilization and decrease technical barriers. For example:

- The Federal Communications Commission Lifeline program provides monthly wireless and broadband service discounts to people with low incomes.

- Some states offer drive-in WiFi hotspots to provide free, temporary internet access to individuals without home broadband access.

    – Remind patients not to enter sensitive personal data while utilizing public WiFi.

    – If feasible, give patients the option to drive to a designated location, such as your health care clinic, to get reliable internet access and complete a telehealth visit in their car.

- Some payers/insurers cover telephone visits as a replacement for video visits with similar reimbursement rates. See Key Medicare changes at a glance and Audio-only visits for more information on audio-only visits.

- CMS issued an array of new rules and waivers of federal requirements to help the U.S. health care system respond to the COVID-19 pandemic. See Rural health for a list of the flexibilities that impact rural providers.

Additionally, telehealth has successfully alleviated the lack of behavioral health services in many rural communities. Consider how you can use telehealth to provide the following behavioral health services:

- **Evaluation and diagnosis –** Use telehealth technology to observe the patient; administer scales, assessments, and screenings; and diagnose conditions.

- **Case consultation –** Consult with psychiatrists and psychologists by direct video communication, telephone, or email.

- **Treatment –** Provide counseling and psychotherapy. You may be able to offer more specialized therapies such as medication-assisted therapy (MAT), cognitive processing therapy, or prolonged exposure therapy for post-traumatic stress disorder (PTSD).

- **Medication management –** Help patients adhere to their medication regimens. Tools that rural communities have used for medication adherence include monitored in-home dispensing devices, mHealth apps, and telephone counseling.
- **Continuing care –** Offer case management services through telehealth to improve patient outcomes.
- **Provider education –** Offer training or continuing education about behavioral telehealth through distance learning, telementoring, or webinars.

Telehealth for all

How to address the digital divide:	How to promote health equity:
Make it a priority.	Develop patient-facing materials in multiple languages and formats, including materials for the hearing and visually impaired.
Listen to groups with access challenges and work with them to design interventions.	Consider the reading level of materials – seek input from patient advocacy groups.
Connect patients to resources.	Provide opportunities for in-person support – utilize medical assistants. • Do a dry run with patients the day before their visit to reduce technological problems.
Advocate for better broadband.	Ensure your video platform has interpreter services and closed-captioning options built in and easy to use.
Simplify the technology.	When evaluating a platform consider usability, reliability, and privacy/security.

Telehealth for behavioral health

The stress of the COVID-19 pandemic has resulted in an increased demand for mental and behavioral health services. Fortunately, telehealth has allowed many behavioral health providers to sustain and even expand their services.

Teletherapy has been shown to benefit both patients and providers in many ways, including:

- Improving accessibility to mental health treatment
- Reducing cancelled appointments and no-shows
- Supporting patients who have difficulty with daily tasks required for in-person visits
- Helping patients avoid some of the stigma related to treatment
- Assisting low-income patients who otherwise may have to sacrifice work hours to attend an appointment

However, there are also special considerations to account for when providing teletherapy:

- Some patients don't have a safe space to be completely themselves and not be overheard.
- Physical presence can be a huge part of the therapeutic relationship.
- It's harder to read social and physical cues through a screen.

Teletherapy tips

- Use video instead of audio-only whenever possible. Use the right equipment to ensure high-quality video and audio.
- Treat the session like an in-person appointment—turn off your phone, eliminate distractions, and give it your whole focus.
- Sit further back from the screen to see a wider area and better catch the slight facial expressions and eye gestures of your patient.
- Pay close attention to voice nuances, tempo, pitch, and inflection. These can be equally as important as the visual observations.
- Need more information? Review SAMHSA's treatment improvement protocol: Using Technology-Based Therapeutic Tools in Behavioral Health Services.

BILLING FOR TELEHEALTH

Billing and reimbursement requirements for telehealth services vary among different payers/insurers and for different geographic locations. Factors include:

- Federal policies and regulations, including Medicare

- State policies and regulations, including Medicaid and commercial insurers

Current policies, regulations, and requirements are evolving and subject to change:

- Many are temporary and in effect only during the COVID-19 PHE.

- Some changes in response to the PHE may be extended or become permanent.

- Information presented here is current as of March 2021.

- If you are unsure about coverage or have questions about particular plans, you may wish to contact the insurance carrier to ensure what types of telehealth they cover and if the telehealth service your patient needs is a covered benefit.

Federal policies: Medicare

The federal government announced a series of policy changes that broaden Medicare coverage and payment for telehealth services during the COVID-19 PHE. The following are important resources to learn more about billing, coverage, and payment, as well as the latest updates on the PHE, waivers and flexibilities, and final rules:

- Billing and Reimbursement
- HIPAA Flexibility for Telehealth Technology
- OIG Cost-Sharing Waiver Policy Statement and FAQs
- Medicare Telemedicine Fact Sheet
- Medicare Telehealth FAQs
- List of Medicare Telehealth Services
- Medicare Fee-For-Service Response to the PHE on COVID-19
- CMS COVID-19 Updates

Medicare began paying for virtual check-ins in 2019. Virtual check-ins are brief phone calls or video chats to see whether patients need to make an office visit.

Medicare policies in place during the COVID-19 PHE expand payment for telehealth. HHS determined on January 31, 2020 that a PHE exists and has existed since January 27, 2020. Using emergency authorities enacted by Congress for the PHE, CMS announced a number of temporary waivers of statutory telehealth payment requirements. CMS also issued an array of temporary regulatory flexibilities for Medicare telehealth services during the COVID-19 PHE.

Effective March 1, 2020, Medicare began paying for a wide range of telehealth services in response to the PHE. These services include:

- Emergency department visits
- Initial inpatient and nursing facility visits
- Discharge day management services
- Certain services delivered to patients who are at home

For calendar year 2021, CMS finalized the addition of the following services to the Medicare telehealth list, which will remain covered after the PHE ends:

- Group psychotherapy
- Psychological and neuropsychological testing
- Lower-level domiciliary, rest home, or custodial care services, established patients

- Lower-level home visits, established patients
- Cognitive assessment and care planning services
- Visit complexity inherent to certain office/outpatient evaluation and management (E/M)
- Prolonged services

CMS also added a number of services to the Medicare telehealth list on a temporary (category 3) basis, meaning they will remain on the list through the calendar year in which the PHE ends.

Medicare Advantage plans must cover all telehealth services covered under Medicare fee-for-service. CMS is also exercising enforcement discretion during the PHE to allow Medicare Advantage plans to expand coverage of telehealth services. Medicare Advantage plans aren't required to expand covered services but have the flexibility to do so.

CMS will continue considering requests to add services to the list of covered Medicare telehealth services, so check the Medicare telehealth services page for the most current list.

Key Medicare changes at a glance

Requirement Type	Pre-COVID-19 PHE Policy	Current COVID-19 PHE Policy
Patient site/geographic location	Payment available only for care at certain facility types with limited services for home-based patients Patient location must be rural or outside a metropolitan statistical area (MSA)	No restrictions on geographic location Patients can be at home or any other setting
Services	Payment available for about 90 services, as captured by CPT/HCPCS codes	Payment available for about 250 services, as captured by CPT/HCPCS codes, as of March 2021
Telehealth modality	Payment for live video only, except for certain demonstration projects in Alaska and Hawaii	Payment available for live video, with audio-only phone for E/M services, behavioral health counseling, and educational services
Provider type	Payment available for services furnished by limited list of 9 provider types	Payment available for all health care professionals who are eligible to bill Medicare for professional services

Rural health

The [Rural Crosswalk: CMS Flexibilities to Fight COVID-19](#) outlines provisions that CMS has issued by regulation or waiver that impact:

- Rural health clinics
- Federally Qualified Health Centers
- Critical Access Hospitals
- Rural acute care PPS hospitals
- Skilled nursing facilities

Audio-only visits

CMS issued a waiver to allow the use of audio-only equipment to furnish services described by the codes for audio-only telephone E/M services, behavioral health counseling, and educational services.

Effective January 1, 2021, CMS established payment on an interim final basis for a new HCPCS G-code describing 11-20 minutes of medical discussion to determine the necessity of an in-person visit.

See the full list of [telehealth services](#) eligible to be furnished via audio-only technology, including the telephone E/M codes.

State policies: Medicaid

States have broad flexibility to cover telehealth services through Medicaid, including telephone, video conferencing, and other methods of communication. Medicaid coverage differs from state to state. Most states have expanded Medicaid coverage for telehealth during the COVID-19 PHE. For instance, many states are now allowing:

- Telehealth services via telephone, electronic, and virtual means
- Home as the originating site for telehealth
- Coverage and pay parity for telehealth services

Use the following resources to learn more about coverage of telehealth services under Medicaid:

- [COVID-19 FAQs for State Medicaid and CHIP Agencies](#)
- [General 'Telemedicine' Page on Medicaid.gov](#)
- [Medicaid State Plan Fee-for-Service Payments for Services Delivered Via Telehealth](#)
- [State Medicaid & CHIP Telehealth Toolkit](#) and [Supplement](#)

As of March 2021, Medicaid fee-for-service offers reimbursement for select modalities:

- Live video in 50 states and the District of Columbia
- Remote patient monitoring in 23 states
- Store-and-forward in 16 states

Like Medicare, Medicaid policies have been adjusted during the COVID-19 PHE.
For detailed information, review the [State Medicaid & CHIP Telehealth Toolkit](#). Medicaid changes include payment for:

- Audio-only phone visits
- Services furnished to homebound patients
- Expanded list of provider types
- Expanded list of services

As with Medicaid fee-for-service, covered services under Medicaid managed care plans vary from state to state. Some states require Medicaid managed care organizations to cover the same telehealth services as Medicaid fee-for-service during the PHE. CMS encourages states to amend managed care contracts (if the services are not already included in the contract) to extend the same telehealth flexibilities authorized under their state plan, waiver, or demonstration to services covered under the managed care contract.

CMS encourages both state Medicaid programs and private insurers to cover a robust variety of telehealth services. And many states require commercial insurers to cover telehealth services. Several large insurers have expanded coverage of telehealth services.

Documentation and coding tips

As for all professional services, timely and correct payment for telehealth depends on complete and accurate documentation and coding, whether for government or private payers.

Documentation of your patients' diagnoses and the services you furnished allows for the proper selection of diagnosis and procedure codes. These codes are in turn used to determine payment.

Best practices and tips for documentation and coding include:

- Work closely with your administrative staff—for example, your practice manager or biller— to understand documentation and coding requirements.
- Complete documentation at the time of service.
- Document the amount of time you spent providing the service.
- Document and code for place of service (POS).
  — For Medicaid, reach out to your state agency.
  — For private insurers, POS code requirements vary.
- Verify that your documentation supports the codes used.

For Medicare:

- Use the POS code you would've used if the service was provided in person.
- Use the CPT modifier 95 for telehealth services provided in real-time.

Before submitting a Medicare claim, verify that the service provided is included on the list of available codes for telehealth.

ADDITIONAL RESOURCES FOR PROVIDERS AND PARTNERS

- HHS Telehealth Website
- From Coverage to Care (C2C) Telehealth Website
- C2C Consumer-Facing Resource "Telehealth: What to Know for Your Family"
- Agency for Healthcare Research and Quality Resources
- Billing and Reimbursement for Telehealth
- HIPAA Flexibility for Telehealth Technology
- OIG Cost-Sharing Waiver Policy Statement and FAQs
- Medicare Telemedicine Fact Sheet
- Medicare Telehealth FAQs
- List of Medicare Telehealth Services
- Medicare Fee-For-Service Response to the PHE on COVID-19
- CMS COVID-19 Updates
- COVID-19 FAQs for State Medicaid and CHIP Agencies
- General 'Telemedicine' Page on Medicaid.gov
- Medicaid State Plan Fee-for-Service Payments for Services Delivered Via Telehealth
- State Medicaid & CHIP Telehealth Toolkit and Supplement
- Requirements and Best Practices for Assisters on Providing Remote Consumer Assistance
- HHS Telehealth for Community-Based Organizations Webinar Series
- Rural Crosswalk: CMS Flexibilities to Fight COVID-19
- Rural Health Info (RHI) Rural Telehealth Toolkit
- Health Resources & Services Administration (HRSA) Telehealth Information
- HRSA Telehealth Resource Center
- HRSA Rural FQHC Telebehavioral Health Guidelines
- Substance Abuse and Mental Health Services Administration (SAMHSA) COVID-19 Resources
- SAMHSA Telehealth Information for Certified Community Behavioral Health Clinics

Technical assistance

CMS OMH offers Health Equity Technical Assistance for health care organizations that are working to advance health equity. For help or more information about working with vulnerable populations, visit our website at go.cms.gov/OMH or email the Health Equity Technical Assistance program at HealthEquityTA@cms.hhs.gov.

go.cms.gov/c2c