

GUIDANCE FOR RELATED SERVICE PROVIDERS

➤ RELATED SERVICES CONSIDERATIONS

Speech Therapy, Occupational Therapy, Physical Therapy, Counseling Services, Orientation and Mobility, Audiology, Parent Training, Psychological, Interpreting, Recreation, School Health/Nursing, Social Work, and Transportation are related services in which IEP teams should consider for students. IEP Teams should consider how these services will be provided, frequency or dates of services, session lengths, providers, and method of service provision (without technology, online using what platform and which device) for students.

Related service providers should refer to their appropriate certification or professional associations for any additional requirements and ethical considerations that may pertain to providing services online.

- The American Physical Therapy Association | [APTA](#)
- The American Speech-Language and Hearing Association (ASHA) | [ASHA Updates](#)
- The American Occupational Therapy Association | [OT and the Coronavirus](#)
- National Association of School Psychologists | [Health Crisis Resources](#)
- National Association of School Nurses | [COVID-19-Resources - Nurses](#)
- National Association of Interpreters in Education | [NAIEDU](#)
- National Association for Pupil Transportation | [Covid-19 - Transportation](#)
- School Social Work Association of America | [SSWAA](#)
- American School Counselor Association | [ASCA Update: COVID-19](#)
- American Therapeutic Recreation Association | [ATRA](#)

➤ KEY IDEAS FOR RELATED SERVICES PROVIDERS

1. Keep Students at the Center

Intentional outreach should be used for building relationships and maintain connections with students and families.

2. Design Learning for Equity and Access

Plan and deliver content in multiple ways so that all students can access learning. We understand that some families may not have access to technology, while other families may be very comfortable with telehealth delivery models. Remember that families are critical partners.

3. Assess Student Learning

- Manage and monitor student learning and plan what's next for learning. Use a variety of strategies to monitor, assess, and to provide feedback to students about their learning.
- Identify realistic, individualized time frames for task completion. Be mindful of extended time accommodations outlined in IEPs.
- Provide specific instruction and mini-deadlines/benchmarks for assignments, especially those with multiple-tasks.

- Create opportunities for students to demonstrate progress and receive feedback related to assignments and IEP goals.
- Use student interest profiles to inform lessons and activities.
- Provide alternative options for participating in virtual class discussions
- Create video modeling of how you expect something to be done or what has been successful in the therapy setting, such as hand-over-hand assistance in the classroom.

➤ NON-TECHNOLOGICAL DISTANCE LEARNING

Some students and families may have limited or no access to technology when normal school operations are closed. In these cases, providing instruction and instructional materials may need to take place via alternatives, such as emails, phone calls, or therapist-developed packets.

Therapist developed packets can be distributed via email or through other district push-out initiatives. Packets may include items such as print materials, games, school supplies, books, and manipulatives.

Schools should consult with their local city or county health departments to implement policies and procedures, including practices for cleaning and sanitizing items prior to pick-up and health screening protocol for individuals entering a school building. This process may include designating times for students to pick up items while in cars or setting times for a handful of students at a time to come to the school to retrieve or return items.

It is imperative that kits be distributed and returned in keeping with CDC-approved guidelines for social distancing to contain the spread of COVID-19.

➤ OTHER “HANDS-ON” OPTIONS FOR REMOTE LEARNING

- Use non-digital resources of work.
- Incorporate life skills essential for students with IEPs. This includes, but is not limited to, cooking, ratios, chores, cleaning, hygiene, etc.
- Have students track activities with photos or videos and submit to teachers.
- Utilize ground activities (e.g., choose five objects that are around you and describe them in detail).
- Utilize virtual museum tours and video demonstrations.

➤ TELEHEALTH FOR OCCUPATIONAL, PHYSICAL, AND THERAPY IN OKLAHOMA SCHOOLS

Educational settings and health care facilities across the United States are taking action to prevent exposure and spread of the Coronavirus Disease 2019 (COVID-19) by moving to distant learning. On March 25, 2020, Oklahoma schools decided to move fully to distant learning for the remainder of the school year. For information on distant education for special education services, see the [Distance Learning Guidance for Special Education](#).

With the move to distant learning, service delivery of occupational, physical, and therapy services will be different. The service delivery will be dependent on the needs of the student and the accessibility of technology. One option for service delivery of OT, PT, and ST services is through telehealth services.

As related service providers, we need to use our creativity and innovation to support students in a new and different way through the use of technology. In order to implement telehealth in the most effective and efficient way possible to support students, providers need to educate themselves on best practice for telehealth. We are all moving into a new and uncharted territory, from teachers to related service providers to families. As related service providers, we need to take all this one step at a time, learning to adapt and grow as we move forward. The following is a guide on implementing telehealth for OT, PT, and ST for public schools in Oklahoma.

➤ WHAT IS TELEHEALTH?

Telehealth is an emerging service delivery model defined by the [American Telemedicine Association](#) as “the remote delivery of health care services and clinical information using telecommunication technology... [including] a wide array of clinical services using internet, wireless, satellite and telephone media.” Telehealth, and more specifically teletherapy, allows providers in all settings to reach more people. Each discipline has slightly different terminology and definitions of the word (e.g. teletherapy, telepractice, telemedicine). For the purpose of this guide, the term “telehealth” will be used to support distant learning.

➤ LICENSURE & SUPERVISION

In order to implement telehealth services, all providers must be licensed in the state of Oklahoma. For more information on licensure and supervision requirements, visit the practice act for each discipline below.

[Occupational Therapy](#)

[Physical Therapy](#)

[Speech Therapy](#)

➤ SCHOOL TEAM CONSIDERATIONS

Prior to implementing telehealth services, schools need to make sure the following components are addressed:

- Make sure all providers meet the state requirements to practice in the school.
- Make certain that all providers have training, knowledge, and skills in the use of telehealth.
- Inform parents that they have the right to decline telehealth services for their child.
- Provide parents with informed consent, satisfaction survey, or other feedback. opportunities to discuss concerns about their child’s progress or the telehealth services.
- Formulate policies that ensure protection of student record privacy during the services as well as documentation of the services offered and provided.
- As a best practice, local educational agencies (LEAs) should discourage non-students from observing distance learning classrooms in the event that personally identifiable information (PII) from a student’s education record is disclosed.
- LEAs may wish to include instructions for students participating in the distance learning classrooms regarding not sharing or recording any PII that may be disclosed in the distance learning classroom or to obtain prior written consent to permit any such sharing of PII from education records.

- Distance learning may be provided for groups of students while following FERPA guidelines concerning student records. Please see this guidance provided by the US Department of Education:

https://studentprivacy.ed.gov/sites/default/files/resource_document/file/FERPA%20and%20Coronavirus%20Frequently%20Asked%20Questions_0.pdf

➤ OVERVIEW OF TELEHEALTH TECHNOLOGIES

Telehealth services occur either through either synchronous or asynchronous technologies.

Synchronous Technologies

Synchronous technologies enable the exchange of health information in real time (i.e. live) between student and provider via audio and video. Advantages include service provision within the natural context (e.g. home, school), minimal infrastructure requirements, and lower cost for equipment private, security, confidentiality and connectivity. Disadvantages may include private, security, confidentiality risks, sound or image quality, and technology challenges.

Asynchronous Technologies

Asynchronous, also referred to as store-and-forward data transmission, may include video clips, digital images, virtual technologies, and other forms of electronic communications. With asynchronous, the provider and student are not connected. Potential applications might include recommendations for assistive technology, review of data/progress monitoring, viewing/reviewing video and digital images for evaluation and intervention recommendations for assistive technology, review of purposes. data/progress monitoring, viewing/reviewing video and digital images for evaluation and intervention purposes.

Hybrid

Applications of telehealth that include a combination of synchronous, asynchronous, and/or in-person services.

➤ SELECTING TELEHEALTH TOOLS

When determining which tool(s) you need to conduct telehealth services start by thinking about the hardware needed for quality services. Consider the following when selecting the hardware: type of camera, display monitor capabilities (e.g. size, resolution, dual display), microphone and speaker quality, and multisite capability. Additional modes of real-time interaction through applications might include screen sharing, annotation, whiteboards, online presentation without limitations, text chat, recording (with or without editing capability); touch screen, and interactivity features (e.g. animations, widgets, games, stamps, and paintbrush).

➤ SELECTING A PLATFORM

When determining which technology to use for telehealth services, consider the following before making a decision:

- Review the full product description, subscription details, and pricing
- Evaluate the ease of use to create a session and for others to join a session (can the student join with through a web browser or do they need to download software).
- Request a trial period when possible to test the functionality, limitations, and challenges.

- Determine how many hosts and how many attendees can join.
- Research how responsive the technical support is for the product.
- Determine HIPAA and FERPA compliance. Although most schools will only require FERPA compliance, best practice is for software for OT, PT, and ST to also be HIPAA compliant.

➤ HOW DO I KNOW IF A TELEHEALTH TECHNOLOGY SOLUTION IS HIPAA COMPLIANT?

Consider the need for encryption of data being transported as well as stored. Additionally, just because a vendor says it is HIPAA compliant doesn't mean that it is, and providers should do their due diligence. Choosing a solution that has undergone an independent audit by cybersecurity risk management advisors provides peace of mind that the solution truly is HIPAA compliant. This independent verification and asking the right questions during solution research are key, as many organizations have higher-level compliance that doesn't necessarily trickle down to individual services, solutions, or products (APTA, 2019). Sample platforms include: Zoom for Healthcare, Zoom for Schools, Adobe Connect, BlueJeans, Cisco WebEx, Citrix Go-to Meeting, Doxy.me, Vidyo, VSee. This list is not all inclusive nor intended to recommend any specific software. If considering any of these technologies, it is important to evaluate them further for their intended purpose prior to use.

➤ CONSIDERATIONS FOR EVALUATION

Clinical reasoning guides the selection and application of the information and communication technology (ICT) needed to perform an evaluation via telehealth. Providers should consider the reliability and validity of specific assessments tools when administering remotely. In some cases, an in-person assistant, such as a caregiver or other health professional, may be used to relay assessment tool measurements or other measures (e.g., environmental, wheelchair and seating) to the remote therapist during the evaluation process. Providers also need to consider the student's health care needs, access to technology, and the ability to measure outcomes via telehealth. Providers should adhere to copyright laws and requirements when administering protocols. Clients health care needs. If assessment materials or the administration protocol requires modification when used via tele-health, this should be documented and factored into the scoring and interpretation of the assessment (AOTA, 2018).

➤ INTERVENTIONS

Interventions via telehealth will be categorized the same as they are according to the IEP: direct, monitoring, and/or collaboration. Below are examples of how interventions via telehealth might look in the schools for related service providers.

Direct – Live meeting with student over the computer with audio and/or video. Student participation is facilitated by caregiver.

Monitoring – Sending packets (e.g. supplemental videos, worksheets, hand out example of therapeutic activities, assistive tools) to family via mail or email. Follow-up with caregiver and/or teacher regarding the use of the packets with distant learning.

Collaboration – Working with teacher and/or caregiver via telecommunications to put in place strategies and/or modifications in place to support distant learning.

➤ ETHICAL CONSIDERATIONS FOR TELEHEALTH (AOTA, 2018; ASHA, 2016A; APTA, 2019; COHEN, 2012)

- Providers need to fully inform the family regarding the implications of a telehealth service delivery model versus an in-person service delivery model.
- Abide by laws and scope of practice related to licensure and provision of occupational, speech, and physical services using telehealth.
- Adhere to professional standards.
- Understand and abide by approaches that ensure that privacy, security, and confidentiality are not compromised as a result of using telehealth.
- Understand and adhere to procedures if there is any compromise of security related to health information.
- Assess the effectiveness of interventions provided through telehealth by consulting current research and conducting ongoing monitoring of student response.
- Recognize the need to be culturally competent in the provision of services via telehealth, including language, ethnicity, and socioeconomic and educational backgrounds that could affect the quality and outcomes of the services provided.
- Providers shall ensure that all technology and instrumentation used to provide services or to conduct research and scholarly activities are in proper working order and are properly calibrated.

➤ REFERENCES

American Occupational Therapy Association. (2018). Telehealth position paper. *American Journal of Occupational Therapy*, 67(6), S69-S90.

American Physical Therapy Association (2019). Telehealth ethics, best practice, and the law: What you need to know. Retrieved from: <http://www.apta.org/Blogs/PTTransforms/2019/8/28/Telehealth/>

American Speech-Language-Hearing Association. (2016). Scope of practice in speech-language pathology.

American Telemedicine Association. (2017). Principles for delivering telerehabilitation services.

Cohn, E. R. (2012). Tele-ethics in telepractice for communication disorders. *Perspectives on Telepractice*, 2(1), 3-15.

