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# ISHA Telepractice FAQ

## Questions/Clarifications about Telehealth Definitions for our State

### 1. Can CFs or SLPAs provide teletherapy for schools?

**RESPONSE:** According to ASHA

(<https://www.asha.org/Certification/COVID-19-Guidance-From-CFCC/>):

- Clinical Fellows may utilize telepractice provided an appropriately credentialed speech-language pathologist (see Standard VII) is available to assist in a similar manner to the supervision/assistance that is provided when services are delivered face-to-face. In addition, (1) the Clinical Fellow, the supervisor/CF mentor, and the client/patient/student must all currently reside in the United States, and (2) the Clinical Fellow, the supervisor, and the CF mentor must be appropriately credentialed to provide services both in the state they reside and in the state(s) that they provide services.
- Telesupervision may be used for direct, on-site, and in-person observations of Clinical Fellows by the CF mentor(s) for a segment of the CF experience that occurs between March 16, 2020, and August 1, 2020. As a reminder, a minimum of six hours of direct observations are required per segment (one-third of the CF experience) and up to six hours may be completed in one day.

### 2. What are the working definitions of telehealth, telemedicine, telepractice and the vocabulary used in conjunction with the terms?

**RESPONSE:** Telemedicine is defined as “the use of electronic information and telecommunications technologies to provide and support health care when distance separates the participants” (Field, 1996), therefore it includes the provision of remote clinical services. Telehealth is a broader term that refers to “the use of electronic information and telecommunications technologies to support long-distance clinical health care, and also patient and professional health-related education, public health and health administration” (US Dept. of Health and Human Services, Health Resources and Systems Administration (HRSA), n.d). ASHA prefers the term telepractice because it encompasses our practices that are provided both inside and outside health care settings (e.g., schools), and provides the following definition for telepractice “..the application of telecommunications technology to the delivery of speech language pathology and audiology professional services at a distance by linking clinician to client/patient or clinician to clinician for assessment, intervention, and/or consultation” (ASHA Telepractice Portal).

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### 3. What is meant by a “secure” platform?

**RESPONSE:** According to both the American Telemedicine Association and to ASHA recommendations, security relates to protecting the privacy and confidentiality of patients by ensuring safeguards are in place for protection of PHI. These safeguards typically include both **technological security recommendations** and additional practical safeguards. Technological security points that relate to platforms used, include: the use of private point-to-point encryption, Advanced Encryption Standard (AES) encryption or virtual private network (VPN), compliance with state, federal (HIPAA, FERPA, HITECH) and international laws and regulations, and two-factor or other advanced authentication safeguards (Krupinski et al., 2014; Gough et al., 2015; Richmond et al., 2017; Turvey et al., 2013).

## Questions about Privacy/Confidentiality and Security

### 1. Can SLPs hold group therapy teletherapy sessions? And if so, is it a FERPA violation if parents do not provide written consent?

**RESPONSE:** To stay compliant with FERPA, providers need to obtain written consent from parents that their child may participate in a group session. The consent would acknowledge that personal identifying information may be given during sessions. It would be considered a FERPA violation if consent is not provided, because of the personal identifying information that may be given during a session such as a student’s name or other information. Read more on this link:

[https://studentprivacy.ed.gov/sites/default/files/resource\\_document/file/FERPA%20and%20Coronavirus%20Frequently%20Asked%20Questions\\_0.pdf](https://studentprivacy.ed.gov/sites/default/files/resource_document/file/FERPA%20and%20Coronavirus%20Frequently%20Asked%20Questions_0.pdf)

### 2. Although HIPAA regulations have been "loosened" at this time, should we still encourage those to use platforms that ARE HIPAA compliant to maintain the PHI of our patients?

**RESPONSE:** It is the position of this Task Force that, **when possible**, secure telehealth solutions should be used, even during this time. Here are the reasons why:

- Secure telehealth solutions and platforms offer the ATA and ASHA technological security recommendations outlined above and therefore can protect PHI.
- Critically, the aforementioned loosened HIPAA regulation does not apply to all insurance agencies and coverage. Clinicians should check with the payor/agency of their patients before reinforcing this new regulation.
- This enforcement discretion is temporary. If clinicians decide to continue to use telehealth beyond the COVID-19 period, and we suspect some will, starting with a secure and ethical baseline will enable much easier transitions at that later time.

- Our State law indicates that the use of **secure platforms** is required for telehealth services to be provided.

## Questions about Licensure

### 1. Must you be licensed in every state that you provide teletherapy?

**RESPONSE:** Normally a professional or paraprofessional practicing in the state of Indiana in the area of speech-language pathology or audiology must have an IPLA license or registration to treat citizens of this state and must follow both the statute (law) and the rules that implement the statute. Those working in the schools require this same license, which is a requirement to obtain an IDOE license. During the duration of the pandemic, however, Governor Eric Holcomb has issued two Executive Orders that modify this requirement:

**Executive Order 20-05** permits an individual who has an equivalent license from another state and who is not suspended or barred from practice in that state or another state to practice in Indiana without an Indiana license.

[https://www.in.gov/gov/files/EO\\_20-05.pdf](https://www.in.gov/gov/files/EO_20-05.pdf)

**Executive Order 20-13** permits a retired health care professional who gave up their license within the past five years and whose license was not revoked, suspended, or relinquished to practice in Indiana without an active license.

<https://www.in.gov/gov/files/Executive%20Order%2020-13%20Medical%20Surge.pdf>

**Please note that Executive Order 20-13 also requires an individual who practices without an Indiana license during the duration of the executive orders to register with IPLA.**

## Questions about Billing/Reimbursement

### 1. Is the reimbursement rate lower for teletherapy services?

**RESPONSE:** Telepractice services should be equivalent or not inferior to in-person services. Therefore, they should be billed at the same rate as in-person services. However, depending on how each facility/employer is billing for telehealth services, some reimbursement rates may be lower. Therefore, clinicians are highly advised to thoroughly review all updates on reimbursement provided regularly by [ASHA](#), check with the payor

system for their specific patients, and do so in close collaboration with their authorization and billing departments, so that all details have been clarified before initiating services.

**2. Could there be a running document created for how to bill various insurances for most efficient submission and payment (i.e., modifier, location) that clinics could refer to?**

**RESPONSE:** In our current situation, insurance rules and guidelines have been fluid and client/clinic specific. Due to the wide range of insurance providers and specifics for each provider, the ISHA Telehealth task Force has concluded that providing a document of this sort could be misleading or lacking in valuable information needed to successfully receive reimbursement for your claims. It is recommended that either your client or your clinic/billing department call the specific insurance provider and request information about billing for telehealth.

## Questions about Legal Safeguards/Consent forms

**1. Should any additional forms be created/signed to initiate teletherapy services?**

**RESPONSE:** Acquiring an informed consent (written or verbal) is highly recommended by both the American Telemedicine Association and ASHA. A written consent form is further mandated by some insurance agencies (for example, Medicaid in some states) as well. Consent forms need to be created with the help of the risk management/legal team of the facility at which you work. Templates are provided below, but these are provided for illustration purposes only, and you need to make sure these are specific to your facility/patients and approved by your risk management/legal teams.

**2. Should any additional form be created/signed to allow for group therapy sessions?**

**RESPONSE:** As mentioned earlier, to stay compliant with FERPA, providers need to obtain written consent from parents that their child may participate in a group session. The consent would acknowledge that personal identifying information may be given during sessions. It would be considered a FERPA violation if consent is not provided, because of the personal identifying information that may be given during a session such as a student's name or other information. Read more on this link:  
[https://studentprivacy.ed.gov/sites/default/files/resource\\_document/file/FERPA%20and%20Coronavirus%20Frequently%20Asked%20Questions\\_0.pdf](https://studentprivacy.ed.gov/sites/default/files/resource_document/file/FERPA%20and%20Coronavirus%20Frequently%20Asked%20Questions_0.pdf)

**3. Does an existing professional liability policy cover telehealth services?**

**RESPONSE:** Clinicians should verify that telehealth services are covered by an employer provided liability policy and/or a personal (individual) policy prior to providing telehealth services. Clinicians should work with their facility's risk management and legal counsel, or consult with their broker to determine the specific provisions surrounding telehealth. While telehealth services may be covered by existing policies there may be limitations or stipulations as to how the service can be delivered.

## Questions about Telehealth Platforms and Technology

### 1. Which telehealth platforms meet mandated security standards?

**RESPONSE:** The Office of Civil Rights (OCR) at the Department of Health and Human Services has provided guidance related to telehealth platforms and technology during the COVID-19 pandemic. OCR published their "Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency" (link below) which includes a list of some vendors that represent that they provide HIPAA-compliant video communication products and that they will enter into a Business Associate Agreement (BAA). Many vendors offer several versions of their product with features that can be enabled or disabled to improve security. Service contracts and/or BAAs may specify the role of the end-user (clinician) versus the vendor in regards to the configuration of the actual platform to maximize security. Clinicians should consult with their employer's Security Officers, legal team, and their vendor's IT representatives to determine the most appropriate platform, and the setup of that platform, for providing telehealth services.

<https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>

## Questions about Internet Connectivity

**RESPONSE:**

### 1. Are there any resources for families who don't have internet/devices available to use for teletherapy?

**RESPONSE:** To deal with the bandwidth issue specifically, families can get wireless extenders/booster so they can use wireless Internet.

<https://consumerreviewer.org/best-wifi-boosters/?msclkid=e7d001e0a20416744a8e5f43a629d4b3>

The USDA further has shared these resources to help with Internet issues in rural areas of the country:

[https://www.rd.usda.gov/sites/default/files/USDA\\_COVID-19\\_Fed\\_Rural\\_Resource\\_Guide.pdf](https://www.rd.usda.gov/sites/default/files/USDA_COVID-19_Fed_Rural_Resource_Guide.pdf)

## Questions about Practical Guidance for telepractice in schools

### 1. Should families be provided with informed consent prior to beginning teletherapy services?

**RESPONSE:** Acquiring an informed consent (written or verbal) is highly recommended by both the American Telemedicine Association and ASHA. A written consent form is further mandated by some insurance agencies (for example, Medicaid) as well. Consent forms need to be created with the help of the risk management/legal team of the facility you work at. Templates are provided below, but these are provided for illustration purposes only, and you need to make sure these are specific to your facility/patients and approved by your risk management/legal teams.

### 2. What information, if any, should be provided about how services will be the same or different compared to what is written in student's IEPs?

**RESPONSE:** If services, as outlined in a student's IEP cannot be provided, then a revision of the student's IEP/SP will need to be completed to reflect the services that will be provided. IDOE has provided direction on revising without a case conference to change service delivery model. If services are not provided, compensatory services should be discussed at the next case conference. Districts were required to provide their Continuous Learning Plan to IDOE in April 2020 which describes how each district will provide general education curriculum and special education services.

### 3. Should re-evaluations occur during this time or should evaluations be completed when schools are physically back in session to ensure testing validity?

**RESPONSE:** According to IDEA and Article 7, initial and re-evaluations should be completed within the designated time frame allotted. No extensions have been permitted under Individuals with Disabilities Education Act or Article 7. Districts should be in contact with parents explaining validity concerns with virtual testing. It should also be explained that face to face testing cannot be completed at this time. There is no guidance within Article 7 or IDEA regarding if parents can request an extension for testing. Due dates will reflect only "school days" and not "waiver days" provided by the state. More information can be found on the following links:

[https://drive.google.com/file/d/11ZN\\_G2kc3Tne7AvpuvXtQiqIgp0dGL7d/view](https://drive.google.com/file/d/11ZN_G2kc3Tne7AvpuvXtQiqIgp0dGL7d/view)

<https://docs.google.com/document/d/13PSb2uFJ09RScIVT8D04RQaMk17WQhWW9hmkwtGVsLg/edit>

<https://www.doe.in.gov/specialed/covid-19-guidance-and-resources>

[https://docs.google.com/document/d/1AM9PUuWsTxMG2LG0pQV\\_x8E9\\_rw9ljXhpglSlc8xtA/edit](https://docs.google.com/document/d/1AM9PUuWsTxMG2LG0pQV_x8E9_rw9ljXhpglSlc8xtA/edit)

<https://www.doe.in.gov/specialed/school-based-medicaid>

## Questions about Practical Guidance for telepractice in medical settings

1. **Pediatric SLP in an OP feeding clinic is providing virtual treatment for established clients but being asked to perform new evaluations. She would like guidelines for who can be seen and under what circumstances they can be seen and assistance to provide them with guidance around the ethics with telehealth. She doesn't want to put her license at risk, maintain what is ethical, and have documentation stating the states stance on whether or not she can treat**

**RESPONSE:** ISHA's Telehealth Task Force is working on developing guidelines for telepractice provision for its members. At this time, guidance on the use of telehealth for dysphagia specific recommendations in the US can be found on the [Purdue I-EaT Swallowing Research Lab website](#), and several other resources for pediatric feeding specifically are also available on the [Feeding Matters website](#). **Disclaimer:** These resources are external to this site. Sharing them here does not endorse their content. You are advised to assess their quality.

## Questions about telesupervision

1. **If a CF is providing teletherapy and the supervisor is watching, does this count as "direct" observation for CF observation hours?**

**RESPONSE:** According to ASHA's guidance on Clinical Fellows (<https://www.asha.org/Certification/COVID-19-Guidance-From-CFCC/>), tele-supervision counts as direct supervision.

**Additional Resources/Websites for clinicians in Indiana**



Upper Midwest Telehealth Resource Center

- <http://www.umtrc.org/>

Indiana Telehealth Network

- <http://www.indianaruralhealth.org/irha-programs/indiana-telehealth-network/>

**This resource page was prepared by the Newly Formed ISHA Telehealth Task Force**

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