Teleservice Considerations for Related Services During the Current Public Health Emergency

What is teleservice?

For the purpose of this document, teleservice is defined as the application of telecommunications technology to the delivery of services at a distance by linking the practitioner to a student, parent/caregiver or other service provider for intervention and/or consultation, often through related services identified in a student’s Individualized Education Program. Telepractice and telehealth are other terms commonly used in related service professions to describe this type of service delivery model. For the purposes of this guidance document, we make a distinction between “teleservice” and “telehealth.” Teleservice refers to the definition above, which may or may not include “health” services more broadly.

Who can provide teleservice? (Updated 4/6/20)

For the purpose of this document, teleservices can be provided by audiologists, educational interpreters, speech-language pathologists, occupational therapists, physical therapists, school psychologists, school counselors, school social workers, orientation and mobility (O&M) specialists, or school nurses as documented on individualized education programs (IEPs).

Note that the provision of pupil services supports or related services differs from virtual learning (also referred to as online instruction or distance learning) provided by classroom instructors or special education teachers. Classroom teachers should work with their local district administrators for guidance on providing online or virtual instruction. For more information visit:

- WI DPI District Planning and Implementation Resources for Continuity of Learning
- Council for Exceptional Children’s Teaching Online During COVID-19

Do IEPs need to be changed in order to provide minutes via teleservice?

No. For students where it is appropriate to receive their service through a virtual platform, the IEP team is not required to hold an IEP meeting to change the way in which services will be delivered during the public health emergency.

What if related services are written to be provided in the general education environment in collaboration with general education teachers?
For LEAs that choose to provide virtual learning for all students, the virtual learning environment that is established for all students is, in essence, the general education environment during an extended school closure. Therefore no changes would need to be made to individual IEPs. Additionally, it is understood that services provided will not mirror the services that would be provided in a typical general education setting during this time of school closure. LEAs and related service providers are encouraged to make reasonable efforts to support students and other school professionals in ways that align as closely as possible to the services defined in the student’s IEP.

What should practitioners consider before engaging in providing teleservices? (Updated 4/6/20)

Professionals may have additional requirements when licensed by the WI Department of Safety and Professional Services (DSPS) or certified by a national professional association and are encouraged to reference their respective organizations prior to providing teleservices.

Some general considerations before providing online services to students include:

- **Consider your own abilities and skills to provide teleservices.** This includes both the technological skills and interpersonal skills required to provide quality services virtually. When possible, take advantage of opportunities to improve upon these skills through online professional development, professional networking and other resources.

- **Prior to providing teleservices, review and be sure to adhere to all relevant legal requirements, ethical obligations and professional standards of practice specific to your field.** This includes ensuring you adhere to any policies your LEA has in place regarding electronic communications, confidentiality and procedures specific to your role.

- **Consider the differences between the environment in which you typically provide services (such as your office or classroom) and the virtual environments in which you will be practicing.** This includes both the practitioner’s setting and that of the student. Create a plan to mitigate factors such as distractions, limitations in observing relevant non-verbal communication and maintaining privacy to the extent possible.

- **Have a plan for determining what supports, services and practices you will provide based on your ability and skills to provide teleservice, individual student needs, and equity (including student access to technology).**

- **Communicate clearly with students and parents (when appropriate or required) in order to obtain appropriate informed consent.** Students and parents should be clear about the potential limitations of confidentiality in a virtual environment.
• Have a plan for communication and response to emergency and non-emergency situations such as mandated reporting requirements, responding to acute distress and making appropriate referrals when needed.

• Be sure to have an organized system for documentation. Important things to document include steps taken to ensure privacy and confidentiality to the extent possible and tracking services provided (IEP minutes, goal tracking, etc.).

• Consider how you will teach and support students in the use of technology to support their engagement.

• If caregiver support is needed due to the nature of the activity, student age, or ability, verify that someone will be physically present with the student who can support the session. Collaborate and consolidate your interventions with teachers and other service providers as much as possible.

What resources are available to assist practitioners in transitioning to teleservice?  
(Updated 4/30/20)

In light of the current public health emergency, many resources exist at no cost to practitioners to build capacity and to make the transition to providing services in this manner as smooth as possible. Many organizations also provide position or role specific guidance and recommendations.

The quality of teleservice is to be as high of quality as in-person therapy. It is important for professionals to consider their own professional needs in making the transition so that they are equipped and prepared to provide online service. The following are resources for practitioners seeking professional development in making the transition to teleservice.

Professional Development and Teleservice Resources:

Audologists
- Educational Audiology Association

Counselors
- ASCA Webinars on School Counseling in a Virtual Setting

Educational Interpreters
- Preparing Educational Interpreters for Distance Learning
- National Deaf Center COVID-19 Information

Orientation & Mobility Specialists
- Code of Professional Ethics for NOMC Certification
- COMS Code of Ethics
- LiveBinder on Remote Instruction
- Virtual Instruction: O&M and Virtual Instruction: O&M Part 2
- COMS SME Letter to the Profession

Updated 4-30-20
Can schools bill Medicaid for therapy services delivered by teleservice? (Updated 4/6/20)

In many cases, yes. On March 31, DHS issued updated guidance (called “Forward Health Update 2020-15”) related to School-Based Services (SBS) for Medicaid. The updated guidance allows schools to temporarily bill Medicaid for SBS for services provided by telehealth under the conditions outlined below in response to the COVID-19 pandemic. This temporary policy is effective on March 12, 2020 and will be in effect during, and only during, the public health emergency declared by the State of Wisconsin under Executive Order 72.

It is important to keep in mind that telehealth services billable under Medicaid are defined by DHS and may be more limited than teleservices described in this document.

What kinds of teleservices meet the telehealth definition and could potentially be billed as SBS under Medicaid? (Added 4/6/20)

DHS identifies that only services that meet the following conditions are considered telehealth that could be billable under Medicaid:

- Currently covered services to be provided via telehealth using real-time technology as long as the service can be delivered with functional equivalence to the face-to-face service.
- Telehealth may be an appropriate service delivery approach for members who are able to stay near the device being used to provide telehealth services and
participate in therapeutic or supportive activities with a provider who is not physically present.

- Telehealth may be appropriate for goals that can be accomplished through verbal and visual cueing. Telehealth is not appropriate for activities that require physical interaction or for goals that require hands-on support or physical prompting.

For other important considerations, please see the complete Forward Health Update 2020-15.

Are certified Occupational Therapy Assistants (COTAs) and Physical Therapy Assistants (PTAs) allowed to do this telehealth billable to Medicaid under the guidance of licensed therapists? (Added 4/6/20)

Yes. During Wisconsin’s public health emergency, DHS will allow paraprofessionals and licensed assistants to provide services via telepractice under the supervision of a licensed professional. ForwardHealth will allow the supervision requirements to be met via telehealth, but this flexibility does not change or replace licensure or certification requirements of the provider’s supervising body or other regulatory authorities.

- Paraprofessionals:
  - Paraprofessional providers are providers who do not hold a license to practice independently but are providing services under the direction of a licensed provider.
  - Paraprofessional providers are subject to supervision requirements, which may include face-to-face supervision.
  - When possible, face-to-face supervision requirements should be met via audio-visual technologies.
  - Supervision must be documented according to existing benefit policy.

What privacy and confidentiality precautions should practitioners take?

The confidentiality provisions of IDEA, FERPA, and Wisconsin’s Pupil Records Law (s. 118.125 Wis. Stat.) do not prohibit the delivery of special education and related services through the use of virtual technologies. In general the use of a virtual technology simply for the delivery of instruction or services poses a low risk of inadvertent disclosure of personally identifiable information (PII) from student records and that risk can be mitigated by simple common sense measures. **LEAs should keep parents informed of how virtual technology will be used to provide special education and related services, and what steps the LEA has taken to protect PII. LEAs may also consider seeking consent from parents to provide services virtually.**

Recommendations for safeguarding PII from the U.S. Department of education recognize that no system for maintaining and transmitting education records, whether in paper or
electronic form is guaranteed safe from every hacker and thief, technological failure, violation of administrative rules and other cases of unauthorized access and disclosure. LEAs meet their obligations under FERPA by considering actions that mitigate risk and are reasonably calculated to Protect PII. See Letter to Tobias (2015).

There is additional guidance around privacy considerations for telehealth services billable under Medicaid that should also be considered. Please review these important considerations and ensure they can be met at [ForwardHealth Update 2020-15](#).

**Can a practitioner who currently works for a Wisconsin school district (and holds a WI DPI license) but lives outside of Wisconsin provide teleservice to their students (who live in WI)? (Added 4/6/20)**

Yes. SLPs may provide teleservices across state lines during the public health emergency in order to provide services to students on their caseload.