



Teleservice Considerations for Related Services During the Current Public Health Emergency (Revised 10/01/20)

As LEAs use different instructional strategies in response to the ongoing pandemic, they must have an individualized education program (IEP) in place for each student with a disability that is reasonably calculated to enable the student to make progress both in the general education curriculum and toward their IEP goals that is appropriate in light of the student's circumstances. The IEPs must be implemented as written, and IEP teams may want to consider including the IEP contingency or conditional plans in case, for example, school or district closures are necessary again during the school year, or for those LEAs beginning the school year providing virtual instruction, when the students are able to return to the school building for in-person instruction.

IEP teams determine the services that the student needs to receive a free appropriate public education (FAPE) based on their disability-related needs. FAPE can be provided to individual students consistent with the need to protect the health and safety of students with disabilities and those individuals providing special education and related services to students. FAPE may include, as appropriate, special education and related services delivered virtually. The US Department of Education noted that many disability-related modifications and services may be effectively provided online, including speech or language services through video conferencing (ASHA 2020c). Teleservices that are provided as part of a student's IEP cannot replace other services, such as English language services. Students who are bilingual or multilingual with special needs are entitled to both special education services and language development services.

Table of Contents

[A. Teleservice Basics](#)

[B. Conducting Assessments](#)

[C. IEP Considerations](#)

[D. LEA Considerations](#)

[E. Licensing](#)

[F. Medicaid Billing](#)

[G. Privacy and Confidentiality](#)



A. Teleservice Basics

1. What is teleservice? (Updated 8/6/20)

For the purpose of this document, teleservice means 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 *assessment, intervention, or consultation*, often through related services identified in a student's IEP. Teleservice may be provided virtually, online, or telephonically. 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.

Teleservice can be delivered as synchronous (student-interactive), asynchronous (store and forward), as well as a hybrid approach (a combination of synchronous, asynchronous or in-person). The quality of services must be functionally equivalent to face-to-face service.

2. 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 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 Quick Takes for Online Instruction During COVID-19](#)

3. What resources are available to assist practitioners in transitioning to teleservice? (Updated 10/01/20)

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 must 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. See [WI DPI Teleservice Resources for Educators](#).

4. What should practitioners consider before engaging in providing teleservices? (Updated 10/01/20)

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 must check with their respective organizations prior to providing teleservices.

Some general considerations before providing virtual 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.
- *Determine the provision of service to students individually or in groups virtually based on student needs and parent preferences.* Consider the impact of those choices on systems such as the need to reconsider environment codes and student privacy.
- *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.
- *Be aware of Forward Health guidelines for Medicaid billable telehealth services:*
<https://www.forwardhealth.wi.gov/kw/pdf/2020-15.pdf>
- *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 consent.* Students and parents should be clear about the potential limitations of confidentiality in a virtual environment.
- *Consider the communication needs of families and solicit the use of interpreters to provide information in a language that the family can understand.*



- *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.* Parents may need additional support in navigating websites, virtual software, or tools, particularly if in a language that they do not understand. Try to meet with parents and students ahead of time to provide a technology overview before the provision of services.
- *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.*

4. What should practitioners consider prior to conducting group sessions via teleservice? (Added 10/01/20)

Additional privacy considerations may apply to students involved in group teleservice. Teleservice using video formats may allow household members to see other students engaged in the group teleservice session or to take screenshots of other students. It is important to communicate expectations with household members and students before engaging in video teleservice with students.

- Teleservice providers may want to explain possible risks of acceptance of telehealth services from the student's parents or caregivers prior to participating in sessions. This consent is required if the provider will be billing Medicaid for the teleservice group session.
- Teleservice using audio-only format may allow group participants more privacy in some instances.
- Teleservice providers should explain issues of privacy and confidentiality in developmentally appropriate ways to students at the beginning of group sessions. Providers should teach students how to use technology and participate in group teleservice sessions in ways that ensure privacy of other group members.
- Additional information on privacy and confidentiality are outlined in this document in section G below.

Practitioners should also ensure that group services via teleservice are provided using evidence-based practices and that the services meet the individual needs of all students in



the group (ASHA 2020a). Technology should only be used that is accessible to all members of the group.

B. Conducting Assessments

1. Can assessments be administered via teleservice? (Updated 10/01/20)

Yes, there are many types of informal assessments that can be administered via teleservice for students including observations, interviews, checklists, or rating scales (ASHA, 2020b). Dynamic assessment (i.e., test-teach-retest) would also be a form of assessment that could be done virtually.

If norm-referenced assessment tools are being considered, check to see if the test has been validated for teleservice administration (ASHA, 2020b). If a test has not been validated for teleservice administration, face-to-face administration may be an option. It is important to remember that any changes to administration done by the evaluator (in person or virtually) alter the validity of the instrument used and must be reported in the evaluation report. The reporting of standardized scores when administration has been altered is not recommended.

Before administering a norm-referenced assessment with a student, it is important to consider the following:

- Will a modified version of this assessment give me what I need?
- Am I evaluating the student when they are at their best?

For additional information, see ASHA's "[Considerations for Speech, Language, and Cognitive Assessment via Telepractice.](#)"

C. IEP Considerations

1. Should IEPs be updated to document services that will be provided via teleservice if the IEP is not currently written to include teleservice? (Updated 10/01/20)

The student's IEP must be developed to provide FAPE and it must be implemented as written during the 2020-21 school year. If revisions are required to specify that teleservice will be used, the IEP team should meet to develop an IEP that provides FAPE for the student during the 2020-21 school year. Alternatively, the parent and the LEA may agree to make those changes without an IEP team meeting and these may be documented using the *Notice of Changes to IEP Without An IEP Meeting* (DPI Model Form I-10) form. If the I-10 is going to or could potentially change the student's placement, the *Determination and Notice of Placement* (DPI Model Form P-1 or P-2) should also be updated. If the parent requests an IEP team meeting, an IEP team meeting must be held. Regardless of whether a meeting is held or an I-10 is used, the parent must receive an updated copy of the IEP prior to implementation.



IEP teams are encouraged to consider and incorporate contingency plans in the student's IEP should the district's method of providing instruction change throughout the school year, including the use of teleservice. If contingency plans are included in the IEP, they must still be designed to provide FAPE and be based on the individual needs of the particular student. It is important to keep in mind that regardless of the way in which instruction is provided, the ambitious and achievable goals we want the student to achieve likely remain unchanged. For examples of contingency plans, see [COVID-19 Special Education Question and Answer Document](#) Question H-1.

2. Is it considered a change of placement when an LEA provides virtual learning to students when in-person learning is prohibited because of a state or local health order? (Updated 8/6/20)

No. It is not a change of placement if the IEP is able to be implemented in the same education environment. For example, if the student was receiving educational services in the general education environment, and continues to do so through virtual learning, it would not be considered a change in placement. Because this would be considered a change in the "mode of instruction" for all students, and there is no continuum of placement options available, LEAs do not need to use an I-10 or conduct an IEP team meeting if the IEP can be implemented as written and FAPE will be provided. LEAs must notify parents of students with IEPs how special education and related services will be delivered, including if teleservice will be used, in light of changes to the mode of instruction.

3. What if some IEP goals cannot be implemented in a virtual learning environment? (Added 10/01/20)

IEP teams should consider the individual needs of each student and review and revise IEP goals that cannot be implemented as written. IEP goals can be revised through an IEP team meeting or with parent agreement by using the *Notice of Changes to IEP Without An IEP Meeting* (DPI Model Form I-10) form. IEP teams should review a student's disability-related needs in light of the student's current circumstances and review and revise the student's IEP. Revisions may include changes or additions to a student's disability-related needs, IEP goals, or IEP services. IEP teams may consider the following questions:

- What, if any, new disability-related needs does the student have since the time school buildings closed and the instruction moved to a virtual learning environment?
- Do IEP goals need to be revised given the change to the learning environment?
- If there are new disability-related needs that need to be addressed, do new IEP goals need to be written or do any IEP services need to be added or revised in the



IEP?

If services were provided in a collaborative manner during in-person instruction, this method of service delivery may be appropriate to continue. Changing student schedules to individual therapy due to the public health emergency without considering student needs would not be appropriate.

D. LEA Considerations

1. What is the responsibility of the Local Education Agency (LEA) with regard to teleservice? (Added 8/6/20)

It is the responsibility of school districts to ensure that staff are sufficiently trained and the technology used by the practitioner and student meet standards to ensure successful and confidential communication during sessions.

Staff Training

- LEAs must make certain practitioners have the knowledge, skills, and training in selecting assessments and interventions that are appropriate to the technology.
- A system should be put in place to provide on-site support for students (e.g., through the use of facilitators) in being able to access the technology and receive support to meaningfully participate in teleservice.
- LEAs should provide district or building in-service for staff, train facilitators, and maintain ongoing feedback for teachers, parents, and support staff.

Teleservice Technology

- LEAs must ensure the quality of the audio and video signals are appropriate.
- Secure transmission of information may be obtained through the use of encryption, the use of hardware and software firewalls, and through a virtual private network (VPN). A VPN uses a public telecommunications infrastructure, such as the internet, to provide remote offices or individual users with secure access to a private organization's network.
- Network connection speed will impact the overall quality of video and audio clarity. Bandwidth is a measure of the information-carrying capacity of a communications channel. Experts report that 3MB is required for screen sharing.
- Network availability and reliability are also important factors, as are equipment maintenance, training, and upgrades.
- The selection of videoconferencing equipment should include consideration of camera capabilities (e.g., pan-tilt-zoom and resolution), display monitor capabilities (e.g., size, resolution, and dual display), and microphone and speaker quality.



- Additional modes of real-time interaction such as screen-sharing, whiteboard, touch screen, and interactivity features (e.g., animations, games, stamps) should be considered in order to increase student engagement.

E. Licensing

1. 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.

2. Can a practitioner who currently lives in Wisconsin and works for a Wisconsin school district provide teleservice to their students who are temporarily living outside WI but are enrolled in a WI school district? (Added 10/01/20)

We encourage LEAs to work creatively to meet the needs of students during the pandemic. Practitioners must meet the requirements of their licensing boards, including the regulations set by the Department of Safety and Professional Services (DSPS), the applicable Examining Board of their trade. DPI will not enforce any restrictions on a practitioner's ability to provide teleservices to a Wisconsin student who is temporarily living outside of Wisconsin but is enrolled in a Wisconsin school district.

Practitioners should inquire with the Department of Education licensing from the state in which the student currently resides to ensure that there are not any restrictions imposed by them in the provision of services in this manner during the pandemic.

F. Medicaid Billing

1. Can schools bill Medicaid for therapy services delivered by teleservice? (Updated 8/6/20)

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 virtually under the conditions outlined below in response to the COVID-19 pandemic. This policy is effective on March 12, 2020 and will be in effect until ForwardHealth publishes new guidance.

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.

2. What kinds of teleservices meet the telehealth definition and could potentially be billed as SBS under Medicaid? (Updated 10/01/20)



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

- Services utilizing interactive synchronous technology (including audio-only phone communication) for 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 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.

Practitioners must seek additional consent from the parent to provide billable Medicaid services via telehealth. This consent is separate from the written consent form [Consent to Bill Wisconsin Medicaid for Medically-related Special Education and/or Related Services](#) (DPI Model Form M-5) and can be provided in writing or verbally. Practitioners must also document the parent's consent in the student's medical record. For other important considerations, please see the complete [Forward Health Update 2020-15](#).

3. Are certified Occupational Therapy Assistants (COTAs) and Physical Therapy Assistants (PTAs) allowed to provide teleservice and is this service billable to Medicaid under the guidance of licensed therapists? (Updated 8/6/20)

Yes. During Wisconsin's public health emergency, DHS and DPI will allow licensed assistants to provide services via telepractice under the supervision of a licensed professional. ForwardHealth and DPI will allow the supervision requirements to be met via teleservice as a temporary measure and as a last resort if physical therapists or occupational therapists are not available to provide the service and cannot provide the supervision in person because of a public health order.

G. Privacy and Confidentiality

1. What privacy and confidentiality precautions should practitioners take? (Updated 9/2/20)

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. That risk can be mitigated by simple common sense measures. *LEAs must 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 (practitioners should check with their district regarding informed consent). Families who are bilingual or multilingual should be provided the same information, in a language that they can understand and in an equitable and timely manner.

There is additional guidance around consent for telehealth services that should also be considered if the provider plans to bill Medicaid for the service to the student. Please review these important considerations and ensure they can be met at [ForwardHealth Update 2020-15](#).

2. Can practitioners provide group therapy via teleservice? (Added 10/01/20)

In general, yes, but practitioners must consult local district policy, explain the possible risks to families, and take reasonable steps to protect student privacy. If the IEP team believes group therapy via teleservice is appropriate for students, practitioners should discuss the fact that their student and their surroundings may be viewable to other students in the group. Steps can be taken to minimize viewing of other students on camera. Other arrangements should be made if parents are not comfortable with group services via teleservice.

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

References

American Speech-Language-Hearing Association. 2020a. "Considerations for Group Speech-Language Pathology Treatment in Telepractice."

<https://www.asha.org/Practice/Considerations-for-Group-Speech-Language-Pathology-Treatment-in-Telepractice/>

---.2020b. "Considerations for Speech, Language, and Cognitive Assessment via Telepractice." <https://www.asha.org/SLP/clinical/Considerations-for-Speech-Language-and-Cognitive-Assessment-via-Telepractice/>

---.2020c. "Considerations Regarding COVID-19 for Schools and Students with Disabilities." <https://www.asha.org/Advocacy/Considerations-Regarding-COVID-19-for-Schools-and-Students-with-Disabilities/>



W I S C O N S I N D E P A R T M E N T O F
PUBLIC INSTRUCTION
Carolyn Stanford Taylor, State Superintendent

United States Department of Education. 2003. "Letter to Mamas."

https://studentprivacy.ed.gov/sites/default/files/resource_document/file/Letter%20to%20Mamas%28Recreated%29v508.pdf

Wisconsin Department of Health Services. March 2020. "ForwardHealth Update 2020-15: Additional Services to be Provided via Telehealth."

<https://www.forwardhealth.wi.gov/kw/pdf/2020-15.pdf>