

**Disclaimer:**

The attached document, *Sample Determination of Candidacy for Telepractice*, is a composite of relevant points articulated in the Texas Department of Licensing and Regulation's updated Administrative Rules for Speech Language Pathology and Audiology section V -*Telepractice* effective May 1, 2018.

The content of the document was developed by the Telepractice Committee for the purpose of providing a guidance tool for practitioners to assess components of effective telepractice activities.

The document is a sample only and not intended to be a legal document for compliance validation. Practitioners and management companies are encouraged to generate a document specific to their needs and legal requirements.

Sample

**DETERMINATION OF CANDIDACY FOR TELEPRACTICE PROTOCOL**

| Client: _____   | <i>Influence on Candidacy</i> |   |        |
|---|-------------------------------|---|--------|
|   | Adequate                      | Adequate with accommodation<br>(Describe) | Denial |
| <b>AREAS TO ADDRESS</b>   |                               |   |        |
| <b>PHYSICAL</b>   |                               |   |        |
| ○ Vision  |                               |   |        |
| ○ Hearing   |                               |   |        |
| ○ Auditory discrimination   |                               |   |        |
| ○ Manual dexterity (fine motor)   |                               |   |        |
| ○ Ambulation (gross motor)  |                               |   |        |
| ○ Proprioceptive  |                               |   |        |
| ○ Sensory sensitivity to equipment  |                               |   |        |
| ○ Volitional control of oral motor movement devoid of physical prompt and touch |                               |   |        |
| <b>BEHAVIOR</b>   |                               |   |        |
| ○ Attention   |                               |   |        |
| ○ Compliance  |                               |   |        |
| ○ Effort/motivation   |                               |   |        |
| <b>COGNITIVE</b>  |                               |   |        |
| ○ Ability to follow oral directions and instructions                            |                               |   |        |
| ○ Ability to complete tasks   |                               |   |        |
| ○ Reading skills  |                               |   |        |
| ○ Writing skills  |                               |   |        |

|   |
|---|
| <p><b>TELEPRACTICE SERVICE</b></p> <ul style="list-style-type: none"> <li>○ Therapy</li> <li>○ Evaluation</li> <li>○ Consultation</li> </ul>  |
| <p><b>TELEPRACTICE METHOD</b></p> <ul style="list-style-type: none"> <li>○ Synchronous (real-time)</li> <li>○ Asynchronous (store and forward)</li> <li>○ Self monitoring data submission</li> </ul>  |
| <p><b>LOCATION</b></p> <ul style="list-style-type: none"> <li>➤ Client location:</li> <li>➤ Facilitator location:</li> <li>➤ Provider location:</li> </ul>  |
| <p><b>PROVIDER CREDENTIALS</b></p> <ul style="list-style-type: none"> <li>➤ State licensure (s): _____</li> <li>➤ Proficiency with telepractice technology: <i>methodology (+/-)</i> <i>equipment (+/-)</i></li> <li>➤ Experience with telepractice service delivery [<i>session #'s</i>]: (0-10) (10-25) (25-50+)</li> </ul>   |
| <p><b>FACILITATOR PERSONNEL</b></p> <ul style="list-style-type: none"> <li>➤ <b>Facilitator:</b> _____ <ul style="list-style-type: none"> <li>○ SLP-Assistant (under the direction of a licensed SLP)</li> <li>○ Dedicated telepractice aide</li> <li>○ Support personnel</li> <li>○ Office staff</li> <li>○ Classroom aide</li> <li>○ Parent</li> </ul> </li> <li>➤ <b>Facilitator credentials:</b><br/> Proficiency with telepractice technology: <i>methodology (+/-)</i> <i>equipment (+/-)</i><br/> Experience with telepractice service delivery [<i>session #'s</i>]: (0-10) (10-25) (25-50+)</li> </ul>   |
| <p><b>SCHEDULE OF TELEPRACTICE SERVICES</b></p> <ul style="list-style-type: none"> <li>➤ Time _____</li> <li>➤ Frequency _____</li> <li>➤ Location [clinic room/classroom/home/community] _____</li> <li>➤ Type [individual/group] [pull out/push in]</li> </ul>  |
| <p><b>ETHICS AND COMPLIANCE ISSUES</b></p> <ul style="list-style-type: none"> <li>○ Service quality same as face to face</li> <li>○ Culture does not impact service delivery option</li> <li>○ Language dominance does not impact service delivery option</li> <li>○ FERPA compliance consent prior to disclosure of records</li> <li>○ HIPAA compliance <ul style="list-style-type: none"> <li>◇ Secure environment</li> <li>◇ Private site/password protected</li> <li>◇ Data encryption</li> <li>◇ Business associate/HIPAA compliance</li> <li>◇ Breach procedures</li> <li>◇ Dedicated computer</li> <li>◇ Health information de-identified</li> </ul> </li> </ul> |

**TECHNOLOGY SPECIFICS**

- Internet network:
- VoIP (teleconference platform):
- Firewalls:
- Bandwidth:
- Speed of video transfer:
- # of users on the network:

**SOFTWARE CAPABILITIES**

- Screen-sharing
- Camera tracking/zoom
- Mute
- Drawing tools
- Multiple users
- Technology applications (apps)

**EQUIPMENT**

- Computer/laptop/iPad/iPhone/tablet: [mobile or static] [dedicated or multiple use]
- Video camera
- Television
- Headphones
- Microphone
- Document camera
- Projector

**CONSENT**

- Options of service delivery for SLP services
- Informed of telepractice procedures and activities
- Client comfortable with the use of telecommunication technology for SLP services
- Instructions on filing and resolving complaints
- Right to refuse telepractice
- Consent for telepractice

**EFFECTIVENESS OF SLP SERVICES VIA TELEPRACTICE*****Method of outcomes measurement***

- Daily data
- Report of progress
- Log of session
- Log of connectivity and compromise specific to telepractice delivery
- Availability upon request

**ENVIRONMENT**

- Noise level adequate
- Light adequate
- Furniture adequate
- Materials access adequate
- Safety adequate
- Private room
- Classroom
- Lab

**CLIENT COMMUNICATION AND CONTACT**

- Face to face
- Email
- Phone contact

**MATERIAL DISTRIBUTION**

- How: in person/printed hard copy /text/email
- Who: facilitator/teacher/provider

**TROUBLE SHOOTING**

- How: practice sessions/operation procedure manual/tech support/alternate contact device
- Who: provider/facilitator/parent/tech staff

✓ **Statement of client candidacy and procedural compliance for SLP services via telepractice**

- \_\_\_ The scope, nature, and quality of services provided via telehealth are the same as in-person sessions
- \_\_\_ The service delivery of telepractice will not compromise the integrity of the individual education plan (IEP) of the client.
- \_\_\_ The client displays the adequate physical, behavioral, and cognitive skills required to participate in telepractice as a service delivery option.
- \_\_\_ Cultural and linguistic variables do not impact telepractice as a service delivery option.
- \_\_\_ The provider, client, and facilitator present adequate technology skills needed to participate in telepractice as a service delivery option.
- \_\_\_ The client has been informed of information exchange, privacy protection, therapy procedures, equipment, and troubleshooting issues specific to consideration of telepractice as a service delivery.
- \_\_\_ Candidacy for telepractice as a service delivery option was determined by a Texas-licensed SLP.
- \_\_\_ The client was given the option to refuse telepractice as a service delivery option as well as instructions to file and resolve complaints concerning telepractice as a service delivery option.
- \_\_\_ Therapy may be discontinued if telepractice is determined to be ineffective. Options for an alternative service delivery will be provided at that time.
- \_\_\_ Service delivery via telepractice will be provided by a Texas-licensed speech-language pathologist.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Texas-Licensed SLP  
Evaluator of Candidacy for Telepractice as a Service Delivery Option