**DETERMINATION OF CANDIDACY FOR TELEPRACTICE PROTOCOL**

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| **Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | ***Influence on Candidacy*** |
| **AREAS TO ADDRESS** | Adequate | Adequate with accommodation(*Describe*) | Denial |
| **PHYSICAL*** 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
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| **BEHAVIOR*** Attention
 |  |  |  |
| * Compliance
 |  |  |  |
| * Effort/Motivation
 |  |  |  |
| **COGNITIVE*** Ability to follow oral directions and instructions
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| * Ability to complete tasks
 |  |  |  |
| * Reading skills
 |  |  |  |
| * Writing skills
 |  |  |  |

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| **TELEPRACTICE SERVICE*** Therapy
* Evaluation
* Consultation
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| **TELEPRACTICE METHOD*** Synchronous (real time)
* Asynchronous (store & forward)
* Self Monitoring data submission
 |
| **LOCATION*** Client location:
* Facilitator location:
* Provider location:
 |
| **PROVIDER CREDENTIALS*** State licensure (s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Proficiency with telepractice technology: *methodology* (+/-) *equipment* (+/-)
* Experience with telepractice service delivery [*session #’s*]: (0-10) (10-25) (25-50+)
 |
| **FACILITATOR PERSONNEL*** **Facilitator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* SLP-Assistant (under the direction of a licensed SLP)
* Dedicated Telepractice Aide
* Support personnel
* Office staff
* Classroom aide
* Parent
* **Facilitator credentials:**

Proficiency with telepractice technology: *methodology* (+/-) *equipment* (+/-)Experience with telepractice service delivery [*session #’s*]: (0-10) (10-25) (25-50+)  |
|  **SCHEDULE OF TELEPRACTICE SERVICES*** Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Frequency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Location [clinic room/classroom/home/community]
* Type [ individual/group] [pull out/push in]
 |
| **ETHICS AND COMPLIANCE ISSUES*** Service quality same as face to face
* Culture does not impact service delivery option
* Language dominance does not impact service delivery option
* FERPA compliance-Consent prior to disclosure of records
* HIPAA compliance
* Secure environment
* Private site/Password protected
* Data encryption
* Business associate/HIPAA compliance
* Breach procedures
* Dedicated computer
* Health information de-identified
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| **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
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| **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
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| **ENVIRONMENT** * Noise level adequate
* Light adequate
* Furniture adequate
* Materials access adequate
* Safety adequate
* Private room
* Classroom
* Lab
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| **CLIENT COMMUNICATION AND CONTACT*** Face to face
* Email
* Phone contact
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| **MATERIAL DISTRIBUTION*** How – in person/printed hard copy /text/email
* Who - facilitator/teacher/provider
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| **TROUBLE SHOOTING*** How – practice sessions/operation procedure manual/tech support/alternate contact device
* Who – provider/ facilitator/parent/tech staff
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* **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 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 in a face- to- face assessment

 prior to the initiation of service via telepractice 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