**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 |  |  |  |
| **BEHAVIOR**   * Attention |  |  |  |
| * Compliance |  |  |  |
| * Effort/Motivation |  |  |  |
| **COGNITIVE**   * Ability to follow oral directions and instructions |  |  |  |
| * Ability to complete tasks |  |  |  |
| * Reading skills |  |  |  |
| * Writing skills |  |  |  |

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| **TELEPRACTICE SERVICE**   * Therapy * Evaluation * Consultation |
| **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 |
| **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 |

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| **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 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