



**NEW JERSEY SPEECH-LANGUAGE-HEARING ASSOCIATION**  
**Whitepaper: Telepractice in the Schools**

The following will serve as New Jersey Speech-Language-Hearing Association's (NJSHA) views on telepractice in the schools. The American Speech-Language-Hearing Association (ASHA) defines telepractice as the application of telecommunication technology to the delivery of speech-language pathology and audiology professional services, by linking clinician to client or clinician to clinician for assessment, intervention and/or consultation. As per ASHA, telepractice was stimulated by shortages or maldistribution of clinicians in some school districts, distances between schools in rural districts and opportunities to offer greater specialization of services within a district. As noted, telepractice was designed to accommodate those concerns, not as a replacement for the traditional in-person services.

NJSHA agrees that use of telepractice in some schools may be appropriate only in unique situations. Use of telepractice speech and language services does not negate a district's obligation to maintain the appropriate and necessary staff needed to deliver the required services in students' individualized education programs (IEPs). Telepractice should only be utilized when traditional in-person speech-language pathology service delivery methods are not feasible. Not offering appropriate salaries for SLS employees should not fall under the definition of not feasible. Specifically, the use of telepractice cannot replace a school district's providers of speech-language pathology services.

On July 21, 2017, legislation (P.L. 2017, c.117) was signed into law, which permits certain healthcare providers to engage in "telemedicine" and "telepractice." In a September 26, 2017 memorandum, the New Jersey Department of Education issued guidance on the implementation of this legislation and its effect on the delivery of related services to students with disabilities. The 2017 guidance informed local education agencies (LEAs), charter schools, nonpublic schools, and approved private schools for students with disabilities (APSSDs) that they were permitted to provide speech-language services, occupational therapy, counseling and home instruction through telepractice. The guidance further stated that the services could be provided by staff members or from providers contracted through a New Jersey Department of Education approved clinic or agency. NJSHA had concerns with the misuse of telepractice, which was shared at NJSHA's annual meeting with the NJDOE- Office of Special Education in fall 2017. It was discussed that stronger guidance for local districts, particularly urban areas, was needed to ensure proper implementation and monitoring.

NJSHA continues to investigate and research the issues and manner of the hiring practices of local school districts that may influence the use of telepractice in NJ. This may have a negative effect on the students and culture and

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climate of the schools. An example of concern regarding the use of inappropriate telepractice in New Jersey was in the Paterson Public School District. NJSHA received questions regarding its implementation of telepractice from members and the local union. NJSHA provided information from ASHA, on its telepractice guidelines.

In addition, NJSHA was informed that Paterson has a lower starting salary than many other NJ school districts, and does not offer stipends or place speech-language specialists (SLs) on the same higher salary scale as their counterparts, the Child Study Team. Though NJSHA does not engage directly with these issues, it becomes clear that the reason for lack of sufficient number of speech-language specialists is not due to a shortage, but rather a non-competitive salary range.

NJSHA is pleased that the 2017 guidance has been rescinded (see reference below). Effective September 1, 2019, speech-language pathology services, occupational therapy, counseling, and home instruction shall not be provided through telepractice. Clinics and agencies will not receive approval from the Department of Education to provide these services through telepractice.

Given the recent misuse in the Paterson School District, it is imperative that our students, especially in vulnerable areas, receive a Free Appropriate Public Education (FAPE) under the optimum circumstances. NJSHA looks forward to stronger guidelines, regulation, and monitoring of telepractice in our NJ schools in the future.

The items below are adapted from ASHA's guidelines for appropriate use of telepractice. Some examples have been included clarifying ASHA's guidelines: and explaining NJSHA's concerns with the potential misuse of telepractice.

**1) Recognize that every student may not be best served by a telepractice model and give students the opportunity to receive traditional in-person services.**

As prescribed by state and federal regulations, it would be the IEP team's decision to designate appropriate location of services (speech room, classroom, telepractice).

*ASHA's Client Selection and Environmental Considerations follow in italics:*

*Because clinical services are based on the unique needs of each individual client, telepractice may not be appropriate in all circumstances or for all clients. Candidacy for receiving services via telepractice should be assessed prior to initiating services. The client's culture, education level, age and other characteristics may influence the appropriateness of audiology and speech-language pathology services provided via telepractice.*

*Consider the potential impact of the following factors on the client's ability to benefit from telepractice:*

*Physical and sensory characteristics, including*

- *hearing ability;*
- *visual ability (e.g., ability to see material on a computer monitor);*
- *manual dexterity (e.g., ability to operate a keyboard if needed); and*
- *physical endurance (e.g., sitting tolerance).*

*Cognitive, behavioral and/or motivational characteristics, including*

- *ability to maintain attention (e.g., to a video monitor);*
- *ability to sit in front of a camera and minimize extraneous movements to avoid compromising the image resolution; and*
- *willingness of the client and family/caregiver (as appropriate) to receive services via telepractice.*

*Communication characteristics, including*

- *auditory comprehension;*
- *literacy;*
- *speech intelligibility;*
- *cultural/linguistic variables; and*
- *availability of an interpreter.*

*Client's support resources, including*

- *access to and availability of resources (e.g., computer, adequate bandwidth, facilitator);*
- *appropriate environment for telepractice (e.g., quiet room with minimal distractions); and*
- *ability of the client, caregiver and/or facilitator to follow directions to operate and troubleshoot telepractice technology and transmission.*

*Environmental Considerations*

- *Attention to environmental elements of care is important to ensure the comfort, safety, confidentiality and privacy of clients during telepractice encounters. Careful selection of room location, design, lighting and furniture should be made to optimize the quality of video and audio data transmission and to minimize ambient noise and visual distractions in all participating sites.*
- *Advance planning and preparation are needed for optimal positioning of the client, test materials, therapy materials and for placement of the video monitor and camera (Jarvis-Selinger, Chan, Payne, Plohman & Ho, 2008).*

**Inappropriate use** - Districts should not implement telepractice for only one school in a district due to fiscal savings and without consideration of individual student needs.

- 2) **Inform parents that they have the right to decline telepractice services for their child, provide parents with an informed consent, satisfaction surveys or other feedback option and opportunities to discuss concerns about their child's progress or the telepractice program.**

**Inappropriate use** - Parents may not be given, nor understand the option of declining telepractice, or when they decline telepractice, the district may indicate that there is no available on-site SLS to provide services to their child.

- 3) **Document service delivery via telepractice on the IEP and during the IEP meeting.**

**Inappropriate use** - Report that one district directed its CST teams to list telepractice as the location for many of their students. Many of the CST members who were unfamiliar with use of telepractice were making arbitrary decisions about it.

- 4) **Formulate policies that ensure protection of privacy during the services as well as documentation of the services.**

**Inappropriate use** - When a district puts telepractice in place prior to checking and finalizing confidentiality and privacy requirements, HIPAA and FERPA are in violation.

- 5) **Provide on-site support for the telepractice sessions, including the assignment of an individual to accompany the student to the session and provide support during the session.**

Staff who accompany students during telepractice sessions should be dedicated to that assignment for consistency of services. They must receive training and understand how to operate and troubleshoot equipment, organize and use therapy materials, and supervise students with disabilities to ensure appropriate behavior and participation during those therapy sessions.

**Inappropriate use** - Concern over the various support staff (para-professionals), who may not be trained and assigned to work with students receiving services via telepractice. How and who will monitor the number of variables that often come up in schools?

- 6) **Develop a plan for inservicing staff, training on-site facilitators and maintaining ongoing contact and collaboration with teachers, parents and other school personnel, thereby ensuring that state standards are met.**

Staff must be in-serviced regularly on telepractice, especially when new employees are hired to replace staff previously trained in telepractice. Both the district and the telepractice company should be involved in calibrating and maintaining clinical instruments and telepractice equipment.

**Inappropriate use** - Inservices may be sporadic and not address staff needs, especially those responsible for students during telepractice sessions.

- 7) **Develop a system of program evaluation to measure the effectiveness of the service and satisfaction of stakeholders.**

**Inappropriate use** - A district has no valid system to monitor effectiveness of telepractice other than reports from the professional delivering telepractice. Parents and in-district staff do not have the opportunity to give input on the ongoing use of telepractice.

- 8) **Be involved in being knowledgeable and compliant with existing rules and regulations regarding telepractice including security and privacy protections, reimbursement for services and licensure, ethical liability and malpractice concerns.**

**Inappropriate use** - A district attempts to hire an out-of-state telepractice company to provide services due under the guise of cost savings, which consequently resulted in loss of employment of duly certified New Jersey SLSs.

Many of these scenarios, some of which are reality based, makes one reflect and consider the consequences for disregarding mandates in the **ASHA Code of Ethics**. ASHA-certified SLSs employed on staff should not be directed to do anything that would violate NJSHA's and ASHA's Code of Ethics, including recommending telepractice when they feel it is inappropriate. This is of concern because the

SLS, as an expert in the area being provided via telepractice (i.e., speech-language pathology services), is the team member who has the primary responsibility in recommending location of services. This could potentially place the individual in a position that threatens to violate the ethical doctrines of NJSHA, ASHA, ASHA's CCC and/or New Jersey license from the Division of Consumer Affairs in Newark. This could result in the loss of those credentials that are required to refer to and sign off on Medicaid. Medicaid reimbursement often brings in a significant amount of money to districts.

Finally, N.J.A.C. 5.1 (c) states: "Use of telepractice would also limit collaboration and/or consultation with teachers and may decrease expedient outcomes. It is also not a venue that would promote in-class services to provide therapy in the least restrictive environment, namely the classroom, when appropriate."

N.J.A.C. 5.1 (c) states:

*1. For the services listed below, district boards of education may contract with private clinics and agencies approved by the Department of Education, private professional practitioners who are certified and licensed according to State statutes and rules, and agencies or programs that are certified, approved or licensed by the Department of Human Services or by the Department of Health to provide counseling or mental health services.*

*v. Speech-language services provided by a speech-language specialist when a district or private school for students with disabilities is unable to hire sufficient staff to provide the service.*

In view of the fact that telepractice is provided by independent contractors, use of it should be prohibited, except under special circumstances. The above citation confirms SLPs working via telepractice shall not replace on site SLS employees. The NJDOE in the guidance memo that was rescinded telepractice in NJ schools in June, 2019.

There is no doubt that educational reform is affecting the way SLPs/SLSs provide educational and clinical services. One thing is paramount upon which professionals, their clients/students and families will agree. In order to comply with NJ mandates of a FAPE, Evidence Based Practices (EBP), collaboration and interprofessional practices, are essential. Nothing can replace meaningful and effective interpersonal dynamics that undergird the learning infrastructure, especially with developing students.

References:

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