



Presented by:

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Policy, Procedures, and Practical Strategies for Implementing Tele-PLAY Visits

By
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Tele-PLAY Policy & Procedure

Teletherapy Policy & Procedure: 5 Issues*

1. Ethics and appropriate clinical services
2. Licensure across state lines
3. Privacy/HIPAA
4. Technology
5. Reimbursement

- Research
- Resources
- Case Study: Kirsten Brown OTR/L

*See PLAY Project
Policy Sheet

Tele-PLAY: Ethical Considerations

- Always do what's right for the family and child clinically
 - Assess Tele-PLAY: Working? Not working?
- Get agreements from families
 - Written and verbal
 - See 'Shana's guidelines'
- Set expectations re: what you can and can't do with Tele-PLAY
- Be honest
 - Research supported
 - But with no face-to-face, no modeling, limited access to the home, etc.
 - Reimbursement/cost adjustments?
 - Tech malfunctions likely. Reduce frustrations by setting expectations.

Tele-PLAY: Licensure

- Tele-PLAY to clients in-state is fine legally.
 - Still, get a “Consent to Treat” through Tele-PLAY agreement (simple)
- Bound by federal and state regulations (SLP, OT, MSW)
 - Just as when providing in-person services
 - Note: During COVID many legalities to provide services across state lines have been broadened
 - Future will depend on individual state laws
 - Be aware of *state regulations* related to telehealth
 - Consider: Worst case scenarios
 - Malpractice
- “To manage risk, clinicians are advised to obtain documentation of informed consent from the client.”

<https://telehealth.org/blog/practice-across-state-lines/>

<https://theshrinkspace.blog/covid-19-teletherapy-across-state-lines/>

Tele-PLAY: Privacy/HIPAA

- Tele-PLAY: Discuss privacy issues with your families!
 - See Shana's form
 - Families may want to waive their privacy to make tech easier
 - Document in writing
 - Families should sign such a waiver
- HIPAA
 - Use HIPAA compliant platforms and technology whenever possible
 - Many platforms are not secure/encrypted
 - See Shana's handout

Tele-PLAY: Technology and Reimbursement

- Technology
 - Families must be minimally tech savvy
 - Be ready to give tech support
 - Connections depend on platform, traffic, time of day, etc.
 - Don't be surprised if technology is unreliable
 - 5G may change this
- Reimbursement
 - Many insurance companies cover teletherapy
 - It depends on your clients' insurers
 - Check it out ahead of time (Warning: It can take a lot of time!)

Tele-PLAY: Autism Teletherapy Research

- Research is 'promising' that Teletherapy can be effective
 - But rigorous research studies are still limited
- Autism Teletherapy Research
 - See Sutherland, et al (2018)
 - Reviewed 14 studies
 - Broad range of patients 19 months to adulthood
 - Results suggested that Telehealth services were equivalent to services delivered face to face and superior to comparison groups without telehealth sessions.
- You can deliver Tele-PLAY with confidence
- Coaching is more important than ever!

Tele-PLAY & Resources

SLP

- <https://www.asha.org/PRPSpecificTopic.aspx?folderid=8589934956§ion=Resources>
- <https://www.asha.org/prpprinttemplate.aspx?folderid=8589934956>

OT

- [The American Occupational Therapy Association \(AOTA\) telehealth positioning statement https://www.aota.org/-/media/Corporate/Files/Practice/Ethics/Advisory/telehealth-advisory.pdf](https://www.aota.org/-/media/Corporate/Files/Practice/Ethics/Advisory/telehealth-advisory.pdf)

Tele-PLAY & Resources

General

- Texla Telehealth Resource Center
<https://www.telehealthresourcecenter.org/texlatrc/?Center=TEXLA>
- Early Childhood Technical Assistance
<https://ectacenter.org/topics/disaster/tele-intervention.asp>
- [A Blueprint for Telerehabilitation Guidelines](#) [PDF]
- Center for Connected Health: Current state laws
<https://www.cchpca.org/>

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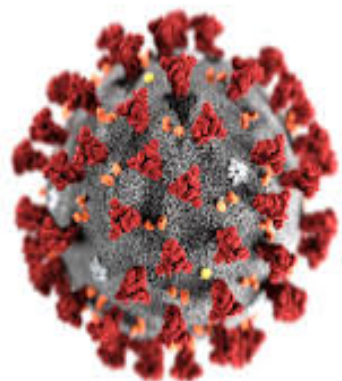
PLAY Trainer

Strategies for Implementing Tele-PLAY

Objectives

- Understand the benefits and challenges of implementing Tele-PLAY
- Describe what needs to be done before beginning Tele-PLAY
- Learn strategies for implementing Tele-PLAY visits





A pessimist sees the difficulty
in every opportunity;

an optimist sees the opportunity
in every difficulty.

-Winston S. Churchill

Learn more at
SpiritualLibrary.org



The Opportunity during COVID-19 and beyond:

The PLAY Project approach is easily adapted to a telehealth service delivery model

WHY?

- Home environment
- Parent coaching
- Video analysis



Benefits of Telehealth

- Increased access to services for families
- Decreased cost to families and providers
- Utilizes parent coaching which has been identified as a best practice method in early intervention
- Focus is on involving caregivers in implementing strategies to improve child's engagement in routines within natural environments

Research Related to Telehealth

Occupation-based **coaching** by means of **telehealth** for families of young children with autism spectrum disorder.

Little, Lauren M.; Pope, Ellen; Wallisch, Anna; Dunn, Winnie;
American Journal of Occupational Therapy, Vol 72(2), Mar-Apr,
2018 Publisher: American Occupational Therapy Assn; [Journal
Article], Database: [APA PsycInfo](#)

Research Related to Telehealth

[Acceptability and cost comparison of a **telehealth** intervention for families of children with **autism**.](#)

Little, Lauren M.; Wallisch, Anna; Pope, Ellen; Dunn, Winnie;
Infants & Young Children, Vol 31(4), Oct-Dec, 2018 pp. 275-286.
Publisher: Lippincott Williams & Wilkins; [Journal Article],
Database: [APA PsycInfo](#)

Challenges of Telehealth

- Licensure portability
- Insurance billing
- Privacy laws
- Ethical issues

Licensure Laws

Center for Connected Health Policy

- Telehealth regulations for all 50 states
- Updated PDF documents on state laws and reimbursement

AOTA.org

- Updated resources re telehealth and COVID-19; **Telehealth Decision Guide**

CDC website: <https://telehealth.hhs.gov/>

State Licensure Boards

Liability Insurance Carriers

AOTA.org Coronavirus Resources: State Updates Chart



OH	<p>Ohio OTPTAT Board statement on telehealth</p> <p>Board Notice on website: OTA licensure renewals</p> <p>Recent legislation, House Bill 197, has extended the deadline for expiration of all licenses issued by the state of Ohio until either 90 days after the expiration of the emergency declared by Governor Mike DeWine’s Executive Order 2020-01D or December 1, 2020—whichever date is earlier. As a result, the expiration date for all OTA licenses has been adjusted to December 1, 2020 in the Ohio e-license system. Please note that this date will change when the emergency order is lifted.</p> <p>Although the deadline to renew has been extended, we encourage you to move forward with renewal based on the previous expiration date of June 30, 2020. The deadline for completion of your required twenty hours of continuing education is unchanged. You must have completed twenty hours between July 1, 2018–June 30, 2020, including one hour of ethics, jurisprudence, or cultural competence. You do not need to submit your certificates during your renewal, but please retain them in</p>	<p>Adopted emergency rule on Medicaid reimbursement of telehealth services</p> <p>Ohio Medicaid COVID-19 Emergency Telehealth Rules FAQs (updated April 13, 2020)</p> <p>Telehealth Billing Guidelines (updated April 13, 2020) stating that OTs and OTAs are eligible providers of telehealth services, but only OTs can bill. See from page 16 to end for acceptable OT CPT codes.</p>	<p>Private insurance: Department of Insurance Bulletin on coverage of COVID-19 testing and treatment as an emergency medical condition</p> <p>Medicaid: 1135 waiver granted on April 22</p>
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Insurance Billing

Telehealth payment parity laws : reimbursement rates for a service delivered via telehealth are equal to rates paid for the identical service delivered in-person.

Insurance Billing

- POS - Place of Service

- **02** - Telehealth - The location where health services and health related services are provided or received, through a telecommunication system. (Effective January 1, 2017)

- Modifiers:

- **GT: Synchronous**
- Modifier GT when applied, designates that the services were delivered synchronously in real-time using a HIPAA-compliant program

Call your insurance providers (Tricare/Anthem BCBS)

Technology

Internet bandwidth

Highway used to access the internet; two lane versus four lane

The busier the internet; the more cars on the highway

- Time of Day (try to find lower use timeframes)
- Number of devices accessing Wi-Fi (other family members gaming/streaming) requires increased Mbps
- Wireless vs Wired (ethernet cable to USB adapter)
- Contact ISP, ask for updates to hardware and send upgrades to modem
- Consider buying an updated wireless router (every three years)

Technology

Platforms

- Free vs Subscription
- HIPPA complaint/privacy
- Screen sharing option
- Recording capability
- Group meeting option
- Choose a primary..... and backup option; include both on consent

Technology

“Non-Public Facing” platforms that *ARE allowed*

A “non-public facing” remote communication product is one that, as a default, allows only the intended parties to participate in the communication.

Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, WhatsApp video chat, Zoom, or Skype.

Such products also would include commonly used texting applications such as Signal, Jabber, Facebook Messenger, Google Hangouts, WhatsApp, or 5 iMessage.

Typically, these platforms employ end-to-end encryption, which allows only an individual and the person with whom the individual is communicating to see what is transmitted. The platforms also support individual user accounts, logins, and passcodes to help limit access and verify participants. In addition, participants are able to assert some degree of control over particular capabilities, such as recording.

Technology

“Public Facing” platforms that *are NOT allowed*

Public-facing products such as TikTok, Facebook Live, Twitch, or a public chat room are not acceptable forms of remote communication for telehealth because they are designed to be open to the public or allow wide or indiscriminate access to the communication.

<https://telehealth.hhs.gov/providers/policy-changes-during-the-covid-19-public-health-emergency/#telehealth-waivers-and-other-flexibilities-from-the-centers-for-medicare--medicaid-services-cms>

Technology

Equipment

- Laptop with built in webcam
- Tablet with camera and tablet stand
- Headphones/ear buds with mic
- Ethernet cable (may need adapter plug) to hard wire Wi-Fi
- Items to use to model techniques to parents

Tele-PLAY

Conner - 18 months old

- Referred to KY early intervention due to concerns about delayed communication and play skills
- Significant delay - 2.0 or greater standard deviation in all areas of Bayley-III on 2/24/20

Parent concerns:

- Recently began crawling and pulling to stand
- Does not respond to his name
- Does not try to feed himself
- He will only hold and manipulate his burp cloth or a toy golf club
- Becomes hyper focused when watching TV
- Does not engage with his four year old brother

IFSP developed on 3/12/20

Early intervention home visits suspended on 3/17/20

Tele-PLAY

Initial assessment completed on 3/25/20

- Parents sent video clip of Conner playing with his mother via FB messenger (Google Drive, WeTransfer)
- Parents also completed The Sensory Profile 2 (Winnie Dunn) and Sensory Symptom Checklist (sensationalbrain.com)
- A VRF was generated using online VRF tool provided by PLAY Project
- An initial occupational therapy assessment was written and reviewed with parents

Tele-PLAY

Conner's Developmental Profile:

FDL 1: 0-25%

Not regulated/seeking movement, brief to no shared attention, frequently becomes visually absorbed in looking at objects, sometimes responded to comfort or attention

FDL 2: 0-25%

Some smiles in response to his mother's attempts to engage him, demonstrates attachment to his mother, his mother is doing all the work to keep him engaged

FDL 3: 0%

Not initiating engagement, his ideas limited to looking at lighted toy, no understanding of mom's intentions and no use of intentional gestures

Tele-PLAY

Comfort Zones:

- Humming
- Becoming visually absorbed in looking at TV, lighted toys, cars moving around track
- Placing burp cloth and hand in mouth
- Immediately leans into touch contact
- Frequently moving/changing position

Tele-PLAY

Sensory Profile:

Visual: limited eye contact, prefers lighted toys and TV shows

Auditory: tuned out sound of TV, not responding to words or his name, loves music

Gustatory/Oral motor: places his hand in his mouth, hums/makes sounds, frequent drooling drinks from bottle/will not transition to cup

Tactile: Avoids getting messy/will not feed himself, limited tolerance for h/h help

Proprioceptive: Seeks deep pressure/leans into touch, bounces up on toes, grinds teeth

Tele-PLAY

Sensory Profile cont'd:

Vestibular: frequently moving/not able to sit still, likes to jump with support

Gustatory: Unknown

Motor Planning: Limited ideas for play, difficulty with moving his body in space, does not use hands to feed self/ use utensils or manipulate toys

Regulation/Reactivity: High Sensory Threshold, tends to be under-responsive to auditory, visual, proprioceptive and movement. Low Threshold/Over-responsive to tactile

As a PLAY Project consultant, what do you use as your road map?



PLAY Project Principles

- Fun with people—doing what the child loves
- Put in the time—2 hours per day broken up into 15-20 minute sessions
- Accurately profile the child in terms of their Comfort Zone, Sensory-Motor Profile & Functional Developmental Levels
- Based on the child's profile, play at the right level



PLAY Project Methods

- Read the child's cues and intent
- Slow the pace of play, observing and waiting for the child's idea
- Follow the child's lead, responding to what the child wants
- Open and close circles of communication (back and forth interactions)
- Build on the child's interests



6. Emotional Thinking
Builds bridges between ideas

5. Symbolic
Leads simple game – dramatizes feelings
pretend play sequences

4. Behavioral Organization & Problem Solving
Continuous flow of engagement
Simple pretend play Follows one step directions

3. Two-way Communication
Does the child initiate when you Wait?

2. Engagement
Is child having fun, smiling? Falling in love
SWEAT LEVEL

1. Self-Regulation & Shared Attention
How much time is child tuning out/spending time in comfort zone?
What sensory supports does child need to stay regulated?

Tele-PLAY

Consultant preparation before first visit:

1. Obtain signed consent (telehealth, video release) and initial video clip of child and completed parent checklists
2. Prepare office space and become comfortable with technology by practicing with your family members/friends; including screen sharing
3. Optimize internet as much as possible
4. Plan to have your cell phone charged and nearby for troubleshooting
5. Have a back-up option for videoconference platform ready
6. Have items nearby that you can use to model with

Tele-PLAY

Preparing parents for first visit:

1. Set up a brief test run of technology with family; give tips on optimizing internet
2. Ask caregiver to have at least one preferred toy and/or other items (blanket, ball, bubbles) nearby to engage child with during play
3. Ask caregiver to have their phone nearby for troubleshooting
5. Suggest that Caregivers use a device that they can move around the room as their child moves
6. Ask caregivers to have an adult or older child helper available
7. Send an email invite to both platforms and review important points

Tele-PLAY visit planning sheet



Updates/Questions/Review



Joint Planning for today's visit



Look at slides and/or video analysis



PLAY



Feedback/Reflect/Problem Solve



Joint plan for next visit/write and email VSR

Tele-PLAY

Ideas for making a Tele-PLAY visits effective

- **Create a *short* PP using the handouts you want to review prior to a visit**
- **Use screen sharing feature to analyze most recent video sent by caregiver and/or show short video clips as examples of techniques**

Clips from YouTube (Bear Fart, PLAY Project site) clips from other PLAY visits

- **Ask to observe parents engage child in a daily routine, i.e. snack time in a highchair, and then problem solve ways to improve child's sensory regulation, engagement, communication, problem solving....**

Tele-PLAY

Q&A and other RESOURCES:

Tele-PLAY

Thank you! The webinar and handouts will be posted on our website.

Next webinar: August 5th, 2020

Announcements:

- Supervisors wanted (especially bilingual and OT)!
- Welcome course free through May 15th
- Dr. Solomon's blog series available now

Upcoming events:

- Intensive Workshop at The Childhood League Center | June 25 & 26
- Intensive Workshop in Vancouver, British Columbia | September 24 & 25

