

## **Best Practice Guidelines for Telehealth in the State of Mississippi**

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These guidelines have been developed by the Telehealth ad hoc committees of the Mississippi Speech-Language-Hearing Association. Changes will continue to be made to these guidelines due to changing legislation, input from members of the Telehealth committee, concerns of legislative and regulatory bodies, and consumers.

General guidelines exist which will be relevant to all settings. Best practice guidelines per venue: healthcare, education, audiology, have also been stated.

Telehealth is a permitted modality in the state of Mississippi, advised by the Mississippi Speech-Language Hearing Association (MSHA) and supported by the American Speech-Language-Hearing Association (ASHA) and the American Academy of Audiology (AAA). When used as a part of speech pathology and/or audiology service, telehealth is subject to the following

- all the current standards of care;
- all the laws, rules, regulations governing speech language pathology and/or audiology practice in Mississippi; and
- all the current practice and ethical considerations.

For purposes of these guidelines, definitions include

- distant site: site of the therapist; also called remote site;
- site of origin: where the client/student/patient is.

### **GENERAL GUIDELINES**

1. All practitioners of telehealth shall be certified by the American Speech-Language-Hearing Association and/or the American Academy of Audiology (AAA), licensed by the state of Mississippi, and a carrier of malpractice insurance coverage. Clinical fellowship year therapists and students with proper supervision can perform telehealth.
2. All client/patient/student/parent contacts, record accumulation and communications will comply with the standards set forth in the Health Insurance Portability and Accountability Act (HIPAA) and/or the Family Educational Rights and Privacy Act (FERPA) as applicable.
3. An authorization specifying remote service delivery, telehealth, will be signed by the recipient or the recipient's parent(s)/guardian **prior** to the first visit.

4. A technical check will be done on the first visit to ensure that the platform, the computer to computer hookup, is operational. Browsers must be compatible, bandwidth must be adequate and image quality must be adequate for both the therapist and the therapy recipient.
5. Treatment with client should be administered using HIPAA and/or FERPA compliant software.
6. For HIPAA covered entities double encryption consistent with HIPAA should be maintained. That is, a password should be required when the computer is turned on and when the software (e.g., Zoom, Adobe Connect, GoToMeeting, Web Ex) is opened. A firewall on the computer is recommended.
7. Calibration of any equipment will be the responsibility of the therapist.

Therapist should provide proof of appropriate and timely equipment calibration.

8. Training for the therapists performing services is recommended prior to the first visit. Adequate training is also recommended for any patient facilitators assisting at the site of origin and may be completed by the therapist. ASHA and MSHA training may also be available. For the facilitator, a certificate of completion signed by the therapist is advised.

9. Training for the facilitator will include
  - a. warnings about confidentiality,
  - b. expectations of the therapist,
  - c. advice as to not doing therapy but assisting, and
  - d. limited hands on assistance.

This hands on will be determined by the setting of the treatment. Audiology versus healthcare versus education hands on expectations will vary and will be specified under each section below. A speech pathology aide or an audiology aide licensed by the State of Mississippi is advised. A paraprofessional certified by ASHA would be advised if ASHA permits this credential.

10. MSHA advises that sessions be synchronous, meaning in real time. Store and retrieve sessions will be allowed for consultations only.

11. Settings at the remote site should be limited in sound interference, of adequate lighting and private.

12. Client/patient/student candidacy will be determined at the first visit. Considerations include: physical capabilities, eye hand coordination, visual acuity, and cognitive abilities commensurate with computer task completion. Some clients are not candidates. This may be determined at the first visit or during the process of therapy. Continuing treatment with a poor candidate is judged a violation of one's code of ethics.

13. Minors should have a facilitator present. Children with limited mobility skills will require a facilitator. Other client candidacy issues may indicate the need of a facilitator. This decision will be at the discretion of the clinician at the remote site

## **GUIDELINES FOR TELEHEALTH PER SITE**

### **Clinic Setting**

1. It is the responsibility of the therapist at the distant site to select candidates who are appropriate for assessment and intervention services via telehealth.
2. In the clinic, standards for facilitators will include the following:
  - a. knowledge of HIPAA and completion of a business associate contract;
  - b. completion of training in telehealth. Training for facilitators is provided through ASHA with specifics cited in general guidelines above; and
  - c. respect for and understanding of the technology used.

Facilitator may function as an escort to the session, presenter of the therapy reward, limited keeper of data, behavior manager, trouble shooter including equipment, and a liaison between the client and the parent.

3. Considerations of privacy signs may occur. These could be a sign on a door indicating a session is occurring.
4. Hands on by the facilitator during a clinic session is at the discretion of the therapist. Restrictions per client should be discussed ahead of time. No technique presenting any danger to the client should occur. Lack of cooperation and overstepping the therapist's limits on the part of the facilitator should result in ending the session. Termination of the facilitator might occur.
5. Group versus individual sessions will be the decision of the funding source. Equipment will undergo changes if the session is a group session.
6. The therapist must inform the referring doctors that service delivery is by telehealth.

### **Educational Setting**

1. It is the responsibility of the therapist at the distant site to select clients who are appropriate for assessment and intervention services via telehealth.
2. In the school, the facilitator will undergo adequate training in the provision of services via teletherapy. Said facilitator may function as an escort, presenter of the therapy reward, behavior manager, liaison between the therapist at the site of origin and the teacher or parent, and troubleshooter particularly of equipment malfunction.
3. The calibration of the equipment may be the responsibility of the school. A technology check must occur **prior to** the first visit to determine browser compatibility of the computers used for the platform.

4. Record storage will be consistent with FERPA. Some daily data records are recommended to ascertain the effectiveness of telehealth sessions.
5. Group sessions are the choice of the therapist and the funding source. Any necessary equipment adaptations will be made for group treatment. A facilitator must be present in all group treatment sessions regardless of the age of the child.
6. For the Part C setting of the home, administered by the First Steps Program, the parent will be the facilitator. The parent/guardian must be present throughout the session.
7. All school personnel, parents, referring doctors should be notified by the therapist that the sessions will be by telehealth.
8. Privacy and lighting should be adequate in the designated space.

### **Audiology Setting**

#### **Requirements for Providing Telehealth Services in Audiology.**

1. Unless otherwise legally authorized to do so, an individual shall not render telehealth services in audiology from the State of Mississippi or to a client in the State of Mississippi, unless the individual qualifies as a provider as that term is defined in this document and renders only those telehealth services that are within the course and scope of the provider's licensure and competence, and delivered in accordance with the requirements of that licensure and pursuant to the terms and conditions set forth in this section.
2. The provider shall use only telecommunications technology that meets the definition of that term, as defined in this document, to render telehealth services. Modes of communication that do not utilize such telecommunications technology, including facsimile and email, may be used only as adjuncts.
3. Subject to the requirements and limitations of this section, a provider may utilize a facilitator at the client site to assist the provider in rendering telehealth services.
4. The provider shall be present at the provider site and shall be visible and audible to, and able to see and hear the client and the facilitator via telecommunications technology in synchronous, real-time interactions, even when receiving or sending data and other telecommunication transmissions in carrying out the telehealth services. The provider is responsible for the actions of the facilitator and shall monitor the client and oversee and direct the facilitator at all times during the telehealth session. The provider should use HIPAA-compliant software during real-time video/audio transmissions with the client.
5. The provider of telehealth services, prior to allowing a facilitator to assist the provider in rendering telehealth services, shall verify and document the facilitator's qualifications, training, and competence in each task the provider directs the facilitator to perform at the client site, and in the methodology and equipment the facilitator is to use at the client site.
6. The facilitator may perform at the client site only the following tasks:
  - (a) those physical, administrative, and other tasks for which the provider has trained the facilitator in connection with the rendering of audiology services for which no form of license, permit, authorization or exemption under the Mississippi State Department of Health Professional Licensure Board is required; and
  - (b) a task for which the facilitator holds and acts in accordance with any license, permit, authorization or exemption required under the Mississippi State Department of Health Professional Licensure Board to perform the task.

7. A provider shall not render telehealth services to a client in those situations in which the presence of a facilitator is required for safe and effective service to the client and no qualified facilitator is available to the client during the telehealth session.

8. The scope, nature, and quality of the telehealth services provided, including the assistance provided by the facilitator, shall be commensurate with the services the provider renders in person at the same physical location as the client.

9. The provider shall not render telehealth services unless the telecommunications technology and equipment located at the client site and at the provider site are appropriate to the telehealth services to be rendered; are properly calibrated and in good working order; and are of sufficient quality to allow the provider to deliver equivalent audiology service and quality to the client as if those services were provided in person at the same physical location. The provider shall only utilize telecommunications technology and other equipment for the provider's telehealth which the provider is competent to use.

10. Providers and facilitators involved in the provider's delivery of telehealth services shall comply with all laws, rules, and regulations governing the maintenance of client records, including client confidentiality requirements. Documentation of telehealth services shall include documentation of the date and nature of services performed by the provider by telehealth and of the assistive tasks of the facilitator.

11. Except to the extent it imposes additional or more stringent requirements, this section does not affect the applicability of any other requirement or provision of law to which an individual is otherwise subject under this document or other law.

#### **Limitations on the Use of Telecommunications Technology by Audiologists.**

1. The limitations of this section apply to the use of telecommunications technology by audiologists.

2. Telehealth services may not be provided by correspondence only, e.g., mail, email, faxes, although they may be adjuncts to telehealth.

#### **Guidelines for Supervision**

Guidelines will be the same as per site guidelines stated above. Equipment standards, privacy standards and confidentiality of all parties must be adhered to as stated previously.

These best practice guidelines have been developed over three years by ad hoc committees of the Mississippi Speech-Language-Hearing Association, contributors listed as follow:

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