
June 27, 2022

School Speech- Language Pathology and Telehealth V.4

FREQUENTLY ASKED QUESTIONS



OREGON
DEPARTMENT OF
EDUCATION

Oregon achieves . . . together!



Board of
Examiners for
Speech-Language
Pathology and
Audiology

Introduction

The Oregon Department of Education (ODE), in coordination with the Oregon Board of Examiners for Speech-Language Pathology and Audiology (BSPA), is providing this FAQ in response to questions from school districts related to SLP service provision via telehealth. The scope of practice for Speech-Language Pathologists is defined by the Board of Examiners for Speech-Language Pathology and Audiology (BSPA). Nothing in this document should be interpreted as guidance that SLPs are permitted to operate outside of their appropriate scope of practice. This document is meant to be a resource in combination with other guidance and resources on ODE’s [Planning for the 2022-2023 School Year](#) web page.

Table of Contents

Introduction	2
Table of Contents.....	2
School Speech Language Pathology Telehealth FAQs.....	3
The Provision of a Free Appropriate Public Education (FAPE)	3
The Provision of Telehealth	3
Consent Related to Telehealth/Telepractice	6
Additional Special Education Considerations	7
Privacy Considerations and Virtual Platforms	8
School Medicaid Billing	9
Future Updates	10
Resources for Implementation of Telehealth	10
Additional Resources	10
Contact Information.....	10

School Speech Language Pathology Telehealth FAQs

The Provision of a Free Appropriate Public Education (FAPE)

Each school district/school program must ensure that students who experience disabilities have equal access to the same opportunities available to the general student population, including the provision of a free appropriate public education (FAPE) (34 CFR §§ 104.4, 104.33 (Section 504) and 28 CFR § 35.130 (Title II of the ADA)). State Education Agencies, Local Education Agencies, schools, and Early Childhood Special Education programs must ensure that, to the greatest extent possible, each student who experiences a disability be provided the special education and related services identified in the student's Individualized Education Program (IEP)/Individualized Family Service Plan (IFSP) developed under IDEA, or a plan developed under Section 504. (34 CFR §§ 300.101 and 300.201 (IDEA), and 34 CFR § 104.33 (Section 504)).

School districts and/or school programs must make every effort to provide special education and related services, which may include mental and/or behavioral health services, to students in accordance with the student's IEP, IFSP, or, for students entitled to FAPE under Section 504, consistent with a plan developed to meet the requirements of Section 504. The services in a student's IEP, IFSP, or 504 Plan must be delivered, and teams should work with students and families to determine the methodology for delivering the services. The provision of health services via Telehealth is one methodology that may be utilized to help ensure a FAPE.

Please see [this letter regarding FAPE](#) and the [Individualized COVID-19 Recovery Services web page](#) for additional information about the provision of FAPE during the pandemic.

The Provision of Telehealth

Can Speech Language Pathologists provide Telehealth (or telepractice) services in a school setting?

Yes. The Oregon Board of Examiners for Speech-Language Pathology and Audiology allows for telepractice delivery of services. The Board defines telepractice as:

“The application of telecommunications technology to delivery of professional services at a distance for assessment, intervention, and/or consultation. “Telepractice” means, but is not limited to, telehealth, telespeech, teleSLP, telehear, telerehab, teletherapy, teleswallow, teleaudiology when used separately or together.” ([OAR 335-005-0010](#))

In addition, Telehealth services provided by a licensed Speech Language Pathologist (SLP), Speech Language Pathologist Assistant (SLPA) or Audiologist must follow requirements outlined in [OAR 335-005-0016](#). They include requirements that:

- Services delivered via telehealth are equivalent to the quality of services delivered face-to-face.
- The Telepractitioner assesses the client's candidacy for telepractice.
- Telepractice services must conform to professional standards including, but not limited to, ethical practice, scope of practice, professional policy documents, and other relevant federal, state, and institutional policies and requirements.
- Telepractitioners have the knowledge and skills to competently deliver services via telecommunication technology by virtue of education, training, and/or experience.

- Audio and video quality shall be sufficient to deliver services that are equivalent to in-person service delivery.
- Prior to the initiation of telehealth services, a Licensee shall obtain the patient/client and if applicable, their parent or guardian's consent to receive the services via telepractice.
- Telepractitioners shall comply with all laws, rules, and regulations governing the maintenance of client records, including but not limited to, HIPAA and FERPA and client confidentiality requirements in the state where the client is receiving services, regardless of the state where the records of any client within this state are maintained.
- Telepractice services may not be provided by correspondence only—e.g., mail, e-mail, fax—although these may be used in connection with telepractice.
- When providing services via telepractice, the Licensee shall have procedures in place to address remote medical or clinical emergencies at the patient/client's location

Can a Speech-Language Pathology Assistant (SLPA) provide services via telepractice?

Yes, as long as the SLP of record for the student/patient/client is the official supervisor of the SLPA, and has determined that the specific student/patient/client is suitable for telepractice services by that SLPA. That professional determination must be documented in the individual's record. All other requirements for SLPA supervision must be met. The OARs for SLPAs can be reviewed on the [Secretary of State](#) website.

Please also see the website for the [Oregon Board of Examiners for Speech-Language Pathology and Audiology](#) for additional information.

Can a clinical fellow holding the Oregon Conditional Speech-Language Pathology license provide services via telepractice? In addition, can their supervising SLP provide that supervision via telepractice?

Clinical fellowships must meet standards of the American Speech-Language-Hearing Association (ASHA), which require clinical fellows to provide services on-site. They also require the SLP supervisor to supervise/rate the CF while physically on-site. However, due to COVID-19, ASHA is providing a temporary allowance in some of the standards related to telepractice and telesupervision, as is the BSPA. Additional details can be found [on ASHA's website](#). Please note that all other Oregon Board rules for supervising clinical fellows still apply. These rules [can be found online](#).

See [Oregon Board of Examiners for Speech-Language Pathology and Audiology](#) for additional information.

Can an SLP in another state provide services via telehealth to a student in Oregon?

[Current rule](#) only allows an SLP in another state to provide services via telehealth to a patient in Oregon if they hold Oregon licensure.

Can an SLP provide telehealth services to an Oregon student temporarily out-of-state?

Examples: a student is at grandparent's house in Washington/California/Idaho during the day while parents are at work, or a student is staying in Arizona for a month.

Yes, it is allowable for an SLP to provide services via telehealth to a student that typically lives in Oregon but is temporarily out-of-state. An SLP providing services to an Oregon student, regardless of location of therapist and student, must hold valid Oregon licensure. However, if the student is temporarily located in another state, it is the responsibility of the licensee to check with the licensure and telehealth laws of that state.

Can BSPA provide a clear list of what IS and what IS NOT considered telepractice, plus an accompanying list of when consent is required?

See BSPA definition of Telepractice listed above. If proposed services will meet the definition of Telepractice, consent is required prior to the initiation of the services. ASHA has a resource page dedicated to [Telepractice](#), which includes helpful information on getting started.

Is a virtual speech/language evaluation considered teletherapy?

Yes. The BSPA defines “telepractice” to include assessment, intervention, and/or consultation. (See [OAR 335-005-0010](#))

In addition, depending on school district policy, and provided health metrics and requirements are met, there may be an option to conduct an in-person evaluation or assessment. See [Guidance for Limited In-Person Instruction](#) for additional information.

Can telepractice be asynchronous?

Telepractice is not asynchronous: [OAR 335-005-0010\(3\)\(b\)](#) “Telepractice service” means the application of telecommunication technology to deliver audiology and/or speech-language pathology services at a distance for assessment, intervention and/or consultation. Assessment, intervention (treatment) and consultation are two-way synchronous communications. SLPs also might post videos for students to watch which would be asynchronous but not “telepractice services.”

How are we being protected or covered for the huge number of students not accessing their services via telepractice?

A licensed SLP is responsible to follow and align their practice with the requirements of both the BSPA and the school district. If a student is not able to access SLP therapy, the situation should be handled in the same way as it would if a student missed an in-person service. It is important to follow district policy, document your efforts and communication with student and/or family, and consult with the IEP/IFSP team if needed.

There are some SLPs and SLPAs who do not feel comfortable or confident with implementing and providing teletherapy. How can those professionals be protected by ODE, BSPA, and their unions within their current positions if they choose not to provide this type of service?

A licensed SLP is responsible to follow and align their practice with the requirements of both the BSPA and the school district. Concerns related to caseloads, training, and familiarity with telehealth technology is a district responsibility and should be addressed at the local district level.

Consent Related to Telehealth/Telepractice

Prior to the initiation of telehealth services, a Licensee shall obtain the patient/client and if applicable, their parent or guardian's consent to receive the services via telepractice. The consent may be verbal, written, or recorded and must be documented in the patient/client's permanent record. The notification must include, but not be limited to, the right to refuse telepractice services, options for service delivery to the extent compliant with applicable Federal laws and regulations, and instructions on filing and resolving complaints ([OAR 335-005-0016](#)).

If you are co-teaching a class with a special education teacher to provide Specially Designed Instruction (SDI), do you need to get specific verbal and/or written consent to provide telehealth? What if a special education teacher or general education teacher is leading the class and you are attending, but not necessarily co-teaching?

Consent is required prior to the initiation of telehealth services. If an SLP is not providing therapy and is simply attending, co-facilitating, or supporting the teacher in another way, they would not need additional consent. There may be other requirements or expectations per district policy.

If we cannot get a response to our consent to telepractice, can SLPs still send home anything for parents to work on with their child (e.g. homework for speech sounds, read alouds, activities posted to online resources)?

Consent is required prior to the initiation of the provision of therapy services via telehealth. This does not prohibit an SLP from providing resources to parents outside of direct therapy ([OAR 335-005-0016](#)).

Is consent required if an SLP is uploading learning materials on an online platform, but not meeting with the student or family members (via phone, video conferencing, etc.)?

Consent is required prior to the initiation of the provision of therapy services via telehealth. This does not prohibit an SLP from providing resources to parents outside of direct therapy ([OAR 335-005-0016](#)).

What is considered consultation in relation to telehealth and would it necessitate consent?

As noted previously, the Board definition of Telehealth includes consultation ([OAR 335-005-0016](#)). The rule does not include a definition of "consultation". It is up to the professional discretion of the SLP to determine the nature of the services provided. For further inquiries in regards to which activities may or may not be considered consultation, please contact the Board (contact info provided at the end of the document).

When would a new telehealth consent need to be obtained?

Board rules are not specific about this. School districts may choose to adopt policies to support proper and efficient documentation. Please note, school districts and EI/ECSE programs that bill

Medicaid have additional telehealth consent requirements as per [OAR 410-133-0080\(13\)\(b\)](#): Consent must be obtained and documented annually or with change in services on the child/students plan of care.

If two SLPs are providing services via telehealth to the same student, do they both need to obtain consent?

Yes. Consent is specific to each licensee.

Can BSPA provide an example consent form for SLPs and districts to access?

No. The ODE and BSPA do not have a sample consent form. Consent may be obtained in multiple formats, including verbally with documentation of consent in licensee service log notes. There may be other requirements or expectations per district policy. We recommend review of the rules and the creation of procedures for obtaining consent that are in alignment with both licensing board rules and school district policy.

Additional Special Education Considerations

How are SLPs expected to document each goal and student progress? Are there forms available to use for documentation?

In regards to education documentation requirements related to an IEP/IFSP, [OAR 581-015-2200\(1\)\(c\)](#) requires “a description of how the child's progress toward meeting the annual goals will be measured and when periodic reports on the progress the child is making toward meeting the annual goals (such as through the use of quarterly or other periodic reports, concurrent with the issuance of report cards) will be provided”. SLPs need to document progress towards meeting the annual goals in a manner consistent with requirements specified in the IEP in alignment with district policy and procedure and BSPA documentation requirements. BSPA documentation requirements can be found at [OAR 335-010-0050 through 335-010-0080](#). Each employer has different software and filing systems; BSPA does not provide forms for recordkeeping.

Can you report standard scores for assessments if administered via telehealth?

Evaluations must be given in a fashion consistent with the testing protocols established for the specific evaluation being used, within the rules and scope and practice of the licensed provider. An SLP may report the results of evaluations and assessments. However, an SLP should note limitations related to the assessment or evaluation itself. Please see the ASHA website for updated information related to [virtual assessments](#). In addition, depending on school district policy, and provided health metrics and requirements are met, there may be an option to conduct an [in-person evaluation or assessment](#).

How do SLPs address the fact that sessions for telepractice are scheduled and students are not showing up?

This situation should be handled in the same way as you would if a student missed an in-person service. It is important to follow district policy, document your efforts, communicate with the student and family, and consult with the IEP/IFSP team if needed.

Privacy Considerations and Virtual Platforms

Are records created by medically-licensed staff providing health related services to students pursuant to an IEP/IFSP or Section 504 plan considered education records and thus, subject to FERPA privacy protections? Is this any different with Telehealth?

Family Education Rights and Privacy Act (FERPA) requirements apply to the information contained in student education records. FERPA does not specifically address online settings. It is important to note that records created during the provision of school health services, whether provided in-person or via Telehealth, are considered education records as defined by FERPA at 34 CFR § 99.2. However, in regards to Telehealth, there are HIPAA security implications because the health services are provided via an electronic platform.

See [Student Privacy Considerations and Remote/Online Education Platforms](#) and [Joint Guidance on the Application of the Family Educational Rights and Privacy Act \(FERPA\) and the Health Insurance Portability Act of 1996 \(HIPAA\) To Student Records \(December 2019 Update\)](#) for more information about FERPA, HIPAA, and digital privacy.

Can I use Skype, Zoom, or Google to provide SLP telehealth services?

It depends. There are multiple factors to consider when using telehealth technology. The Office for Civil Rights (OCR) at the Department of Health and Human Services (HHS) is responsible for enforcing certain regulations issued under the Health Insurance Portability and Accountability Act (HIPAA). Telehealth services are subject to HIPAA requirements for security, transmission, and confidentiality. Compliance with HIPAA requires that covered entities have appropriate administrative, physical, and technical safeguards in place and that they have reasonably implemented those safeguards. See the [HIPAA Security Series 101](#) for more information.

However, during the COVID-19 national emergency, which also constitutes a nationwide public health emergency, OCR will exercise its enforcement discretion and will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency. Covered entities seeking to use audio or video communication technology to reach patients where they live can use any non-public-facing remote communication product that is available to communicate with patients.

To that end, OCR will temporarily allow providers to use applications such as Apple FaceTime, Facebook Messenger video chat, Google Hangouts video or Skype. The agency also specified that Facebook Live, Twitch, TikTok, and other public-facing video communication **should not** be used in the provision of telehealth.

Despite this temporary relaxation of rules, OCR does note that healthcare providers should notify parents that such third-party apps may pose privacy risk. In addition, providers should enable all available encryption and privacy modes when using such applications.

See [Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency](#) for the complete release. OCR has also published an [FAQ](#) related to this change.

Being in a speech-language session may identify a student as receiving special education services. How do districts and SLPs address this issue? What are the protections for students, families, and service providers?

The ODE document [Student Privacy Considerations and Remote/Online Education Platforms](#) addresses this question. As long as Personally-Identifiable Information (PII) is not being specifically discussed in this context, there is nothing in FERPA that prevents this type of activity. While we acknowledge the significant challenges that now make educators guests in student and family homes, it remains best practice that non-students should be discouraged from viewing virtual classroom or service delivery in the event that PII is inadvertently discussed. Schools may wish to have specific instructions for students participating in virtual classrooms or services to not discuss PII or record these activities. Schools may also obtain prior written permission to share PII from educational records.

How protected are we if we do group sessions, with consent, and that session is recorded and shared?

This is something that should be discussed with school district legal counsel. There is nothing in FERPA that prevents the provision of special education in an online group setting. While we acknowledge the significant challenges that now make educators guests in student and family homes, it remains best practice that non-students should be discouraged from viewing virtual classroom or service delivery in the event that PII is inadvertently discussed. Schools may wish to have specific instructions for students participating in virtual classrooms or services to not discuss PII or record these activities. Schools may also obtain prior written permission to share PII from educational records. See [Student Privacy Considerations and Remote/Online Education Platforms](#) for additional information.

School Medicaid Billing

Can school districts bill Medicaid for school health services (SLP, OT, RN, PT) provided through telehealth?

Yes. A school district may bill Medicaid for health services provided to a student pursuant to their IEP or IFSP delivered in person or via telehealth when these conditions are met:

1. A school district must be an enrolled as a School Medical provider
2. Student must be an actively enrolled Medicaid recipient
3. Service must be identified on the student's IEP/IFSP
4. A school district must obtain informed written parent consent to access students benefits

5. Health service delivery must be aligned with Licensing Board requirements, including documentation. Documentation must include the fact the service was provided via telehealth.

Documentation of attendance is a critical component of service provision and is required for Medicaid billing. In order to align with Medicaid documentation requirements and to mitigate audit risk, when documenting service provision, SLPs should document their location, the location of the student, the therapy provided, and the service delivery method (in-person or via telehealth). If a Certified Speech Language Pathology Assistant is providing the service, documentation of supervision by the supervisor and their location must be maintained as well. Please see OHA's [Telemedicine—Telehealth Guidance for School-Based Health Services Providers](#) for additional information.

Please note: Current BSPA rules do not require documentation of the location of the SLP/SLPA and student. This is a Medicaid requirement.

Future Updates

This document will continue to be updated based on:

- The continuing impacts of COVID-19 and the state's evolving mitigation efforts as directed by Governor Brown and the Oregon Health Authority.
- Input from educators, students, families, and community partners.
- Updates from federal partners.
- An ongoing review of equity impacts.

Resources for Implementation of Telehealth

- [Northwest Regional Telehealth Resource Center](#)
- [Roadmap for Action Advancing the Adoption of Telehealth in Child Care Centers and Schools to Promote Children's Health and Well-Being](#)
- [The National Consortium of Telehealth Resource Centers](#)

Additional Resources

- [Joint Guidance on the Application of the Family Educational Rights and Privacy Act \(FERPA\) and the Health Insurance Portability Act of 1996 \(HIPAA\) To Student Records \(December 2019 Update\)](#)
- [American Speech-Language-Hearing Association \(ASHA\) Resources on Telehealth](#)
- [Chapter 335 of the Oregon Administrative Rules - Board of Examiners for Speech-Language Pathology and Audiology](#)

Contact Information

Board of Examiners for Speech-Language Pathology and Audiology

- Erin Haag, Executive Director: Erin.Haag@bspa.oregon.gov

Oregon Department of Education – School Health

- Ely Sanders, School Health Specialist, ely.sanders@ode.oregon.gov

Oregon Department of Education – School Medicaid

- Jennifer Dundon, Operations & Policy Analyst, jennifer.dundon@ode.oregon.gov