

coaching and natural learning environment practices in teleservices

A GUIDE TO TELESERVICES
IN THE NC INFANT-TODDLER PROGRAM



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Child and Family Well-Being



www.ncdhhs.gov/itp-bearly

INTRODUCTION

Teleservices began in April 2020 in the NC Infant-Toddler Program (ITP) in response to the Covid-19 pandemic, as a way to bring effective, evidence-based therapy services to infants and toddlers when home visiting was not possible. We learned that through teleservices, children continued to make progress toward their goals and the majority of families felt that teleservices were convenient and effective. The success of that experience made it clear that teleservices should have a permanent place in the menu of options that families can choose while enrolled in the NC Infant-Toddler Program.

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I. DESCRIPTION OF TELETHERAPY SERVICES

What are teleservices?

1. Teleservice is a method of delivering interventions using technology when the early intervention provider is in a different location than the family.
2. Teleservices use tablets, phones, laptops, and desktop computers to connect early intervention providers with families.
3. These confidential sessions connect families to their early intervention provider using WIFI or cellular data.
4. Teleservices are used to address developmental outcomes on the Individualized Family Services Plan (IFSP).

Tele-terminology in the ITP

- **Teleservices:** Overarching term referring to all ITP services delivered using live videoconferencing.
- **Tele-therapy:** Clinical services (e.g., Speech Therapy) delivered using live videoconferencing
- **Tele-evaluation:** Eligibility evaluations conducted by ITP evaluators using live videoconferencing.
- **Virtual home visits:** Service coordination/Special Instruction activities delivered using live videoconferencing
- **Tele-assessment:** **ITP** Child and Family assessment conducted by ITP evaluators using live videoconferencing.
- **Telephonic:** Consultation and/or intervention provided over the telephone (no video)

Tele-terminology in NC Medicaid

- **Telehealth:** The broad term used to describe the virtual provision of health information, health care, education, and health care services.
- **Telemedicine:** The provision of medical healthcare services and education using approved telecommunication technology (includes audio and video component).
- **Telephonic:** Medical consultation over the telephone (no video component).

II. BENEFITS OF TELESERVICES

Teleservices – not just for pandemics!

- Predictable format, schedule, and materials
- Less disruption of family routine
- Sessions can occur when child or family member has minor illness
- Time and convenience
- Easy integration of interpreters and increased availability
- More flexible scheduling
- Increased access to services and providers for families in remote areas
- Not impacted by adverse weather
- Recordings (by family) allow other family members to be involved.
- Sessions can accommodate other providers, observers, and interpreters
- Child “stranger anxiety” not a problem
- No transportation barriers
- Family participation is built in and required
- Allows for professional collaboration and service monitoring
- Cost savings in time and travel expenses
- Limits exposure to illness for providers and families

The Voice of Parents

My therapist gave me great ideas to implement during our routines.

I am more confident interacting with my child - I feel more connected.

My child is more responsive to me during teletherapy.

A lot of things I had not even thought of working on were helpful!

Trying strategies in real time with teletherapy was the biggest reason we made progress.

I loved the practical advice in normal activities.

III. TELETHERAPY MYTHS AND REALITIES

Myth 1: Teletherapy is not a billable service.

Reality:

- o Teletherapy is a mode of service delivery – not a service.
- o Teletherapy allows remote provision of a service.
- o Teletherapy is not a service on the IFSP; it is a method.
- o Similarly, we don't bill for coaching, we bill for the skilled service we are providing.

Myth 2: Teletherapy does not occur in a natural environment setting.

Reality:

- o Teletherapy can take place in the home, which is generally viewed as a child's typical natural environment.
- o Teletherapy can be conducted in the child's natural environment where daily routines occur (keeping privacy and confidentiality in mind).
- o Teletherapy can also support caregivers in other natural environments, such as engaging with childcare providers or other family members.

Myth 3: Teletherapy cannot support intervention embedded into daily routines.

Reality:

- o Families can use laptops, tablets, and phones to move about the home during daily routines as part of an intervention session. For example, a device can be placed on the kitchen counter for a mealtime or feeding activity.
 - Identify family activities and routines to use as learning opportunities for children.
 - Use these routines as a focus point for your sessions and strategies for skill development.

Myth 4: Teletherapy interferes with the provider-parent relationship

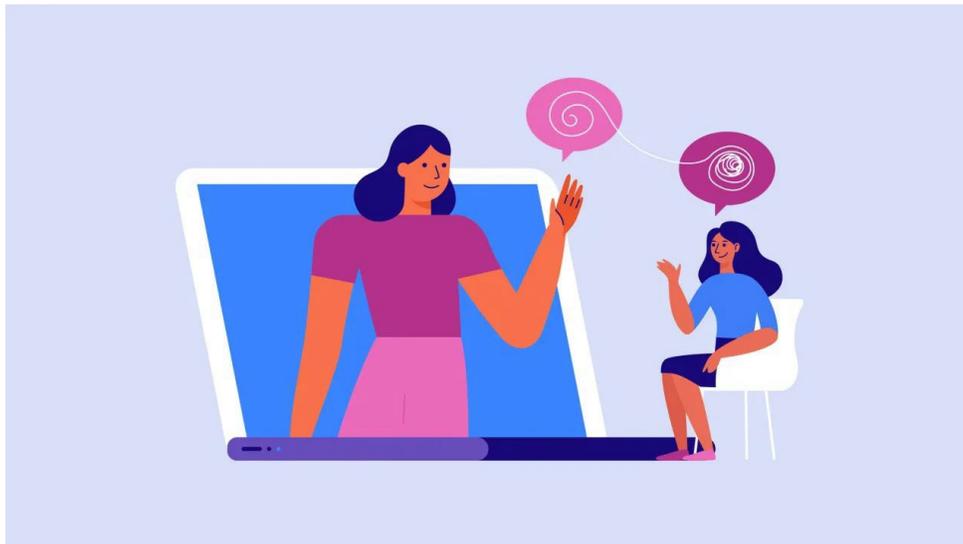
Reality:

- o Teletherapy need not change the level of support, knowledge, and family engagement. In fact, teletherapy facilitates the use of coaching, which builds parent capacity and engages families as the primary interveners with their child.
- o Because travel time is no longer a factor, you may be able to schedule visits more frequently and at more desirable times for families.
- o Siblings and other family members not in the same household, such as grandparents, may be included.
- o The provider can work with the whole family to address challenges and important routines.



IV: EXPLAINING THE TELETHERAPY OPTION TO FAMILIES

1. Refer to and share the “Teletherapy in the NC ITP” flyer for families (ITP website).
2. Teletherapy is essentially the same service as an in-home therapy visit, except that the therapist is providing treatment remotely through secure remote technology (laptop or desktop computer, tablet, or smartphone).
3. Like all services delivered by the NC ITP, the teletherapy provider will use the caregiver coaching model to provide parents with tools, information, and knowledge to increase their child’s skills in their daily routines and activities.
4. The family may be offered a consultation with a teletherapy provider to help them decide about participation and to answer any questions they may have.
5. If technology or connectivity is a barrier to participation, the Early Intervention Service Coordinator (EISC) may be able to help with obtaining and/or providing equipment to the family (as resources allow) to support them in receiving teleservices.
6. Teletherapy is not all-or-nothing! A combination of in-person and tele- is an option that may meet some families’ needs.



V: PROFESSIONAL CONSIDERATIONS

Professional judgement:

Always determine whether the modality is appropriate for the child, the family, and the diagnosis.

Ethics:

Follow the code of ethics per your discipline.

Legal:

Inter-state licensure laws apply, so if the family is out of state and you do not have a license or interstate agreement in that state, you may not provide treatment.



Accountability:

Practice due diligence in recommending websites and apps to families.

Documentation:

Best practice is to record where each participant was located and what type of communication was occurring in the billing note.

Example: *Teletherapy provided with family at home in Raleigh, NC and therapist in Charlotte, NC.*



VI: TECHNOLOGY CONSIDERATIONS

Bandwidth

Bandwidth is impacted by several factors:

- **Time of day** - You may have a poor connection during a high-use time. You may need to schedule sessions at times when there is less usage.
- **Number of devices** - How many devices are drawing bandwidth from your internet connection? Streaming videos on another computer will significantly impact a teletherapy session you're conducting on another device.
- **Wired or Wireless Connection** - A wired connection will be more stable than a WiFi (wireless) connection. Try to use a wired connection if possible.
- **You can check your upload and download speed** by going to your local internet provider's website or other websites designed to measure internet speed.

Lighting

- When lighting the room, it should be bright and diffuse, meaning lots of light coming in from a variety of angles.
- Try to use daylight or bright-white type light bulbs, when possible, as they provide a more natural source of light.
- Talk with your families about how to improve the light on their end if necessary.
- Recommend that the family does not sit in front of a window (unless the curtains are closed). This will put them in shadow and make observation difficult.

Audio

Setting up your audio sound is a critical component of coming across professionally.

- Choose a quiet room that absorbs as much sound as possible. Consider rooms with bookcases or overstuffed chairs, rather than a room with tile floors and granite countertops.
- It is best to use a headset or headphones with a mic to provide your families with a higher-quality audio experience.
- Be aware that there may be a 1 – 2 second time delay for the audio.

Privacy

- When you provide ITP teleservices, you must ensure that your actions are compliant with HIPAA and FERPA (*Family Educational Rights and Privacy Act*) requirements.
- Use a secure tele-platform.
- Obtain informed consent from family prior to anyone observing a teletherapy session.
- Recording - It is recommended that the professional **not** record sessions, as the video becomes part of the educational record under FERPA and is subject to record storage and retention rules.
- If a parent chooses to record, ask that they do not share any recorded video on social media.



VII: BILLING

Medicaid authorization for treatment

- The process to obtain preauthorization through *Choice Prior Authorization* (PA) is the same process used for in-person services.
- **Note:** Currently, only a subset of ITP services are authorized for virtual delivery after July 1, 2022. Please refer to your Children’s Developmental Services Agency’s (CDSA) billing guidance. The NC ITP will continue to advocate for inclusion of more ITP services in Medicaid’s “permanently approved” list of teleservices.

Ongoing clinical documentation

- Billing notes should document that the service was provided via teletherapy.
- All other documentation is the same as for in-person services.

Teletherapy modifier(s)

- The modifier “GT” is added to the CPT (billing) code to signify that the service was provided via live videoconferencing.

Private insurance

Each insurance company has its own regulations regarding the coverage, authorization, and billing of teleservices. It is important to understand the client’s benefit coverage prior to providing teleservices.



VIII: IFSP AND DOCUMENTATION

Determining IFSP Frequency

- As with any service, frequency will be based on the recommendations of the evaluating clinician, the family's preferences, and the input of the IFSP team.
- Consider the IFSP outcome, Medicaid authorization and the family's preferences.
- A combination of tele- and in-person therapy may be an option, depending on the family's preference and the availability of the provider.

Adding the Service to the IFSP

- The EISC adds the service to the IFSP exactly as they would any other service. The service will be PT, OT, SLP, etc. Remember that tele- is not a service; it is a way of *delivering* a service.

30-day Timeline

- When a service begins with teletherapy, the 30-day timeline applies exactly as it does for any other service.
- When in-person services are already in place and the family decides to switch to teleservices: Teletherapy services are part of an existing service and therefore there is no new timeline.

Targeted Case Management: Virtual home visits

- A virtual home visit is usually considered the equivalent of a face-to-face contact but please consult the policy at your CDSA .
- No modifier is required when billing TCM for teleservices.

Targeted Case Management: Monitoring teleservices

- The EISC maintains a relationship with teletherapy provider as they would with any other therapy provider.
- Monitoring of virtual sessions should occur, as with any therapy service.
- Monitor monthly summaries or progress notes.
- Assess parents' satisfaction with teletherapy and assist in resolving issues.

IFSP Reviews

- The EISC invites teletherapy provider to annual and semi-annual IFSP Review meetings and "other" reviews as appropriate.
- Meetings may be virtual or in-person. The provider may bill for Case Consultation & Education (CC&E) through ITP funds.
- The EISC consults with teletherapy provider prior to the IFSP Review if they are unable to attend.



IX: SUCCESS WITH EI TELESERVICES

Pre-session activities

Prepare the family for connecting through the teletherapy platform

- The goals are to reduce parental anxiety regarding the technology and complete the first steps in preparation for the initial teletherapy session.
- Explain that some troubleshooting with the teletherapist may be necessary the first time, depending on the device and platform they are using.

Confirm the following:

- ✓ **Internet/Wi-Fi or 4G signal:** Is it reliable? This is a requirement.
- ✓ **Equipment:** Is their tablet, phone, or PC a relatively recent model? Some devices are too old to update and may not work well with the teletherapy software.
- ✓ **Browser:** Chrome (PC and Android) or Safari (Apple) are recommended. Offer to help the family access if needed.
- ✓ **Email:** Make sure parents have an email account and know their password and how to check it. A free Gmail account can be created with them if needed.

Discuss the home environment

- Where will the computer/tablet/phone sit?
- Will the child be in a highchair, on the floor, or outside?
- Who will be in the room?
- Where will materials reside?
- In what order will materials be used?
- Where will parent(s) sit for the session?
- Who will interact with the child?

Set up your own environment

- Check the lighting to confirm it is sufficient; it should be in front of you.
- Evaluate your background area and remove any distractions.
- Place a sign on your door to prevent unauthorized people from entering your session.
- Turn your phone ringer off (you can keep your phone on hand).
- Ensure that all technology necessary for the session is charged.
- Evaluate your microphone to confirm it is in the correct location and turned on.
- Adjust your camera to allow for direct eye contact with the family.

The First Teletherapy Session

Beginning the session

- Greet the family and ask how well they can see and hear you on a scale of 1 to 5. (5 being great and 1 being poor).
- Close session and start over if there are problems that persist.
- Reassure that tech glitches may occur, but you will work through them.
- Share how it looks on your end, and explain how to adjust their equipment, position, lighting, etc. (as needed).
- Make sure that both you and the parent have your cell phones handy in case there is a need to talk through troubleshooting a technical issue.



Creating engagement

You create engagement when you utilize coaching strategies!

- Ask about child's interests and abilities
- Observe and comment
- Ask open-ended questions
- Review the goals
- Inquire about the responses
- Ask permission
- Solicit feedback
- Acknowledge successes

Post-session activities also create engagement!

Consider sending an email to the parent with:

- A summary of the joint plan
- Date and time of the next session
- Parent resources/information (as appropriate)



X: CAREGIVER COACHING IN TELESERVICES



Use of coaching strategies is important in teleservices!

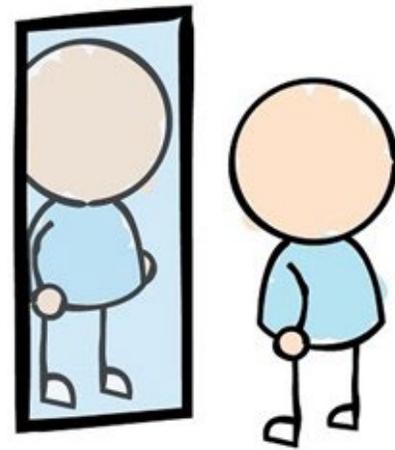
- Since the provider is not physically in the room, teletherapy will facilitate (require!) the parent to act as the primary therapist, with the focus on the parent's interaction with the child.
- Everything you've learned about caregiver coaching can be applied during teleservices.



Reflective questions

Reflection is *looking back with the goal of looking forward.*

(Daniels, Rush & Sheldon)



When coaching, we often use reflection when something goes wrong.

- o *What happened, and why?*
- o *What do you think led to this outcome?*
- o *How can we avoid this outcome next time?*

But don't forget to cue for reflection when something works beautifully!

- o *Look at her imitating your actions and sounds! What do you think made her interested?"*
- o *What did you do differently this time?"*
- o *What can we learn for next time?"*

NC ITP Teleservices Manual

We do not learn from
experience... we learn
from reflecting on
experience.

- John Dewey

Observation

Observation can look a lot like doing nothing!

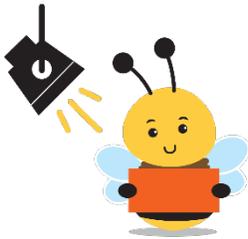
Help the caregiver understand the intention of the observation.

- o *As we watch him ____, look for _____.*
- o *Let's watch him together as he ____and see what we learn.*
- o *As you observe this activity, be thinking about what works well and what doesn't work so well.*



De-brief after the observation. Intentionally reflect on what was observed.

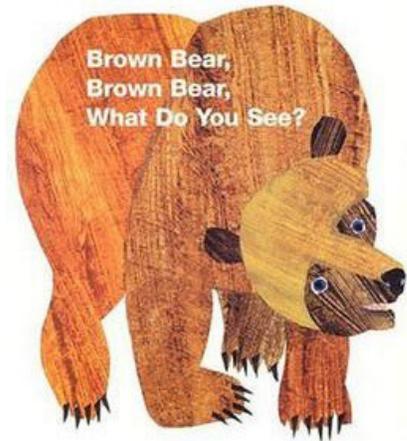
- o *"What did you notice when _____?"*
- o *Comment on strengths of the child and/or caregiver.*
- o *Provide specific and concrete positive feedback.*
- o *Talk about things that can be changed and are worth changing.*
- o *Prompt reflection by the caregiver.*



Intentional Modeling

Seven steps:

1. Explain what will be modeled and why.
2. Let the parent know what to watch for.
3. Intentionally model strategies to support the child's participation in the activity while the parent observes.
4. Reflect on the model with parent.
5. Then invite the parent to try it, while you observe.
6. Reflect on/debrief how their interaction went.
7. Plan how the parent will do this when the coach is not present.



Modeling a behavior can be challenging in teleservices!



- o More verbal "narration" may be needed on your part.
- o Allow a pause for camera adjustment, to make sure the parent can see you.
- o If the parent is using a smartphone, take the smaller screen into consideration. You may need to get closer.
- o If demonstrating use of a device or equipment, you may need to ensure that only that area is in the frame, so that detail may be seen.

Action & Practice

Caregiver modeling of a behavior can be challenging in teleservices.

Rely more on verbal instruction and prompting in the moment.



Provide feedback on what you saw the caregiver do and what the result was.

- o *"Did you see how his face lit up when you imitated him?"*
- o *"How did getting down on the floor with her change her response to you?"*

Ask the caregiver to demonstrate what worked or did not work between sessions.

Reflect on how the interaction might be tweaked or adapted to different settings and activities.



Providing Feedback

Verbal feedback is especially important in teleservices because there is less opportunity to model and offer nonverbal feedback.



1. Informative feedback

Sharing information with the parent that is directly related to an observation, action, reflection, or direct question.

I saw him pay attention when you used that funny voice!

2. Evaluative feedback

Sharing your thoughts about what you see the parent doing or saying. Use evaluative feedback sparingly!

Good job; That's a good idea; I like the way you ____; I would agree with that.

3. Directive feedback

Telling the parent what to do in situations where a clear and present danger exists and there is not time to engage in a coaching conversation.

Let's stop feeding now, he seems to be struggling to handle the liquid.

4. Affirmative feedback:

Lets the parent know you hear and understand what they are saying without agreeing, disagreeing, or making any other type of judgment.

"I see; I understand; I know what you mean; I hear you."

Natural Learning Environment Practices

The goal is to help the **caregiver** implement natural learning environment practices to increase their child's learning.

- Instead of the parent joining the provider in a pre-selected activity, the provider remotely supports the parent in **real-life activity settings**.
- Use **materials** already found in the home.
- Help the parent utilize **an interest-based learning framework** within their daily routine.
- Support the parent to be **responsive** to the child.



Help parents use activities that they value to generate learning opportunities; then let the learning opportunities lead to the desired skills and behaviors.

(Shelden and Rush, 2001)



XI: TELESERVICES ORIENTATION FOR NEW STAFF

Observation of experienced staff members providing teleservices



Training on use of Google Hangouts Meet (approved teletherapy platform for the NC ITP)

Complete the *Coaching and Natural Learning Environments in Teletherapy Webinar*



Review the *NC ITP Teleservices Manual*
(This document)



XII: RESOURCES ON THE NC ITP WEBSITE (www.bearly.gov)

- 1. Teleservices Resources for Early Intervention*
- 2. Coaching and Natural Learning Environment Practices Toolkit*
- 3. NC ITP Teleservices Manual*
- 4. Teletherapy in the NC Infant-Toddler Program (information for families)*

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