EARLY INTERVENTION
AND
PARENT COACHING
VIA TELE-INTERVENTION

Infant Early Childhood Conference
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Presenters

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Overview

• What is Tele-intervention
• The Basics
• Why
• Alignment with Early Intervention and Coaching Practices
• Tele-Intervention at Kindering
• Benefits
• Examples (videos)
• Challenges including Insurance Billing
What is tele-Intervention?

• Interchangeable terms: Tele-health; tele-medicine; tele-intervention; tele-therapy; tele-practice; virtual home visits

• For Kindering, tele-intervention is a service delivery model that is used to provide skilled therapy to children and their families, via a video conferencing model
  • Same treatment as you would in person, via computer!
  • Requires an adult at both ends (provider & parent for example)
  • Excellent fit with parent coaching
The Basics: Hardware

- Provider’s Side
  - Secure internet connectivity
  - 4G cellular capability ideal for secure connectivity on the go
  - Video camera
    - Available on most tablets or laptops
    - External

- Client's Side
  - Internet connectivity
  - Any device with sound and video
  - Smart phone, computer, laptop, tablet
The Basics: Secure video conferencing service

- Kindering uses Zoom ([https://zoom.us](https://zoom.us))
- Schedule in advance or a few minutes before
- Zoom HIPAA Compliance Guide
- Requires HIPAA Business Associate Agreement (minimum $200)
- An email will be created for you to invite people or you may simply share the Meeting ID and password
- Pre-download Zoom or click the link a few minutes before session
- Option to record
Why Kindering began Tele-intervention

“Oliver spent sixteen months at Kindering and, when we had our weekly special educator visits, they had to take place via video chat, which is called tele-intervention, due to the distance. Every fourth week, our assigned special educator would make the trek to Skykomish, but tele-intervention was an incredible substitute for the home visits. During tele-intervention, we worked on all of the things that we would have worked on in a home visit. We read books, sang songs, tried different ways of playing with toys which challenged and pushed Oliver, tried new foods and ways of eating, and more. There was a focus on helping Oliver succeed, which simultaneously aligned with their parent coaching method. The Kindering staff members ensure parent involvement and understanding. As they interact with and work with your child, they are teaching you how to help your child, since the parent is who spends the majority of time with the child. This inclusive practice helped not only me, but Oliver, as well, because what he worked on with his therapists was able to be continued at home. I will be eternally grateful to have been equipped with the knowledge and resources to advocate for my son and aid in his progress.” - Savannah
Early Intervention: Mission and Key Principles

MISSION

Part C early intervention builds upon and provides supports and resources to assist family members and caregivers to enhance children’s learning and development through everyday learning opportunities.

KEY PRINCIPLES

1. Infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts.

2. All families, with the necessary supports and resources, can enhance their children’s learning and development.

3. The primary role of a service provider in early intervention is to work with and support family members and caregivers in children’s lives.

4. The early intervention process, from initial contacts through transition, must be dynamic and individualized to reflect the child’s and family members’ preferences, learning styles and cultural beliefs.

5. IFSP outcomes must be functional and based on children’s and families’ needs and family-identified priorities.

6. The family’s priorities, needs and interests are addressed most appropriately by a primary provider who represents and receives team and community support.

7. Interventions with young children and family members must be based on explicit principles, validated practices, best available research, and relevant laws and regulations.

ACTIVITY
Tele-Intervention and Coaching

- Parent Driven
- Timely
- Scheduling Flexibility
- Access to Specialists
- Collaborative
- Natural Environment
- Family Centered
- Relationship Based
- Inclusive
- Multiple Adult Learning Styles
Tele-intervention Services at Kindering

- Early childhood special education or developmental therapy home visits
- Speech, occupational, physical therapy home visits
- Family training home visits
- Family and provider meetings
- Supervision of services
Examples of Uses

- Family lives in remote/rural area where no providers are available
- Families on extended vacation and want to continue services
- Joining dinner for feeding therapy when other mealtimes
- Medically fragile children when therapist had a cold
- Therapists requiring accommodations due to medical issues
- Scheduling—no mutual times available otherwise due to commutes
- Services provided with two differently located caregivers (childcare vs. home or parents with split custody in different geographic areas)
Benefits to Families

• Child seen in natural environment
• Requires 100% caregiver engagement during a session → increases developmental progress and carry-over at home
• Recording can be played back as a training tool for families
• Removes transportation barriers; can involve other settings/caregivers
• Removes geographical barriers
• Removes weather related cancellations
• Reduces illness related cancellations
• Provides increased flexibility
Benefits to Service Providers

• Decreased drive time; less traffic; avoid a commute or rush hour; can work remotely

• Increased family contact time; reduced cancellations; cost-effective

• Recording assists with DSP learning, self-reflection, mentoring & documentation

• Improves DSP therapeutic skills as it requires explaining, providing feedback, and coaching

• Removes geographical barriers; provide in another setting/location

• Include another caregiver who otherwise could not attend

• Reduces illness related cancellations for medically fragile children

• Provides increased flexibility
Barriers

- Moving toddlers are challenging to keep on camera
- Connectivity in certain areas
- Kinesthetic feedback
- Using props/dolls helpful for positioning
- Department of Health licenses (OT, PT, SLP, ABA) prevents practicing in another state or country even for traveling WA residents/clients
- No formal ESIT guidance
- Insurance billing
Experiences

C.
  • Feeding and Behavior Supports
  • SLP

A.
  • Speech and Behavior Supports
  • SLP/EDU Co-Treats
  • Distance parents.
Experiences

• The good, the bad, the ugly?
• A.
• C.
What Providers are saying

• “It was interesting and I feel will be a big learning curve (like anything new) but I did feel like it made this certain Mom a more active participant in the session! However, with an on the move toddler it was hard for Mom to keep the camera in one place and still be able to help them.”

• “I really liked the record feature. I did record the sessions and was able to show one to our OT since it was during a meal time and she had feeding goals for him. She was able to review the video on her own time and then talked with mom after with suggestions.”

• “One limit was that this child did move around a little bit, so mom did have to step out of the room and try to get the child back into the room with the computer.”

• “Occasional glitches in sound and video. They weren’t a huge issue and didn’t interfere drastically with the session. Over all it went well and mom was excited that I got to see behaviors that he doesn’t usually have when I am present.”
“My daughter started with Kindering when she was about 9 months old. We started with PT and Educator services which evolved to eventually PT, OT, Speech, and Educator services. In home services are amazing especially when we had so many therapy visits, however, we also found the teleintervention service to very convenient and flexible when we had an already very busy week. We used teleintervention with our Educator and it gave us the opportunity to still check in and get the help and advice both we as parents and my daughter needed on a regular basis. It provided us more flexibility with our schedules and there were also times my daughter was just not in the mood to have a session and I always felt less guilty to end early if need be since our Educator did not have to drive to our house for what ended up being a shorter session. We are truly grateful for everything Kindering has done for our family and the support and convenience they provided to us!”
OT with Max

Selected Clips
Same Strategies as Home Visits

• Flexible, creative, respectful, kind, non-judgmental
• Used props to model and engage
• Used phrases like “I wonder...” and “I’m curious what would happen if....”
• Provided concrete specific feedback on what they were doing right – including things that they may not have realized were important
• Kindly and concretely explained why touching/interacting with food and self-feeding/self-control is important especially when sensing discomfort with these
• When child refused or whined, focused on the positive parts of what dad did so that dad didn’t feel defeated
• Summarized suggested changes; dad confirmed what he heard; validated dad’s understanding
Strategies for Success

Before the Session:
- Consent forms signed
- Established relationship with family
- Test technology in the home
- Collect any materials (toys, food, books etc.)

During the Session:
- Be flexible, creative, respectful, kind, non-judgmental
- Use props to model and engage
- Use caregiver coaching strategies
- Provide concrete and specific feedback
- Clearly summarize session highlights and goals for the coming week
- Confirm understanding

After the Session:
- Follow up email, similar to session summary or “parent note”
Informal ESIT Guidance

- Providers with a Department of Health license (SLP, OT, PT, ABA, BCBA, SW, IMH) cannot provide traditional services outside of Washington even when a Washington State resident is temporarily in another state or country.
  - Family Training could be considered instead
  - May require a change to IFSP service plan
  - ESIT allows for a maximum 3 months (informal guidance)
- May not be DDD billable depending on local county rules
  - King: One face to face in-person visit required per month
Insurance billing barriers

• OT, PT, SLP services provided via telehealth have been covered more recently by DSHS, Kaiser, Aetna, Cigna, and Premera

• Some insurance companies did not recognize modifiers and place of service until recently
Insurance Billing

• Applies to health care generally (including OT, PT, SLP)
  • **Private Insurance:** RCW 48.43.735 indicates that with plans issued or renewed as of January 1, 2017 a health carrier shall reimburse a provider for a health care service provided to a covered person through telemedicine or store and forward technology under certain circumstances.
  • **Medicaid:** WAC 182-531-1730 (1) Telemedicine is when a health care practitioner uses HIPAA-compliant, interactive, real-time audio and video telecommunications (including web-based applications) or store and forward technology to deliver covered services that are within his or her scope of practice to a client at a site other than the site where the provider is located.

• Applies to ABA
  • **Medicaid:** WAC 182-531A-1200 Telemedicine, as defined in chapter 182-531 WAC, may be used to provide the following authorized services: (1) Program supervision when the client is present; and (2) Family training, which does not require the client’s presence.
QUESTION & ANSWER
Resources

- National Consortium of Telehealth Resource Centers
  https://www.telehealthresourcecenter.org/fact-sheets/
- Northwest Regional Telehealth Resource Center
  https://www.nrtrc.org/
- Center for Connected Health Policy
  https://www.cchpca.org/
Ashburner and Visckestaff, et al. (2016) Remote versus face to face delivery of EI Programs for Children with ASD.


