

## Telehealth Music Therapy Assessment

*This is a model checklist and provides content examples that should be completed for each client to determine appropriateness of tele-health for music therapy services. This is a guideline that reasonably meets the known expectations of the state of Minnesota DHS, and standards of music therapy practice. As a model the authors are exempt from liability, and each music therapist must hold liability discreet to their own practice. Authors: Mark Burnett, MT-BC, NMT and Lindsay Markworth, MMT, MT-BC, Nordoff-Robbins Music Therapist.*

**Client's Name:**

**Client's Date of Birth:**

Actions to insure compliance for clients with Federal/State/County Funding (Waivers, Grants)	Yes/No	Notes
Signed Consent form for Telehealth Music Therapy including the following content: <ul style="list-style-type: none"> <li>• HIPAA Statement</li> <li>• Professional / Business Policy of service and provision</li> <li>• Fee for Service Agreement</li> <li>• Potential Risks and Benefits.</li> </ul>		
Demonstrate: Assessment of delivery method and viability through a checklist (below "Telehealth": Music Therapy Assessment).		
Demonstrate: Assessment of the outcome/evaluation of Tele-Health statement in documentation: eg. progress notes, care plan.		
Demonstrate: Value/Need Statement with client feedback after the assessment session, CLIENT RESPONSE to proceed or NOT proceed		
Demonstrate: the investigation and/or revision of care plan and modifications with supportive documentation that includes accommodations (as indicated by change in delivery, Telehealth).		
Demonstrate: MT treatment language matches approval language (Physicians order, Waiver, Grant, Service Agreement)		
Is there a potential for duplication of services, redundancy OR conflict of care? AND how was this determined?		

Telehealth: Music Therapy Assessment / Addendum	Yes/No	Notes
Is the client /care provider interested and willing to pursue <u>temporary or full time</u> online services?		
Is Internet equipment accessible and functional?		
Is the client's environment supportive to the session?		
Does the client have privacy within their setting?		
Can <b>OR</b> Should modification to the client environment produce reasonable privacy? If "NO", is a release/permission with modifications and accommodations appropriate?		
Is there accessibility to functional musical equipment necessary for the session? Can equipment be procured or provided?		
Are the goals and objectives appropriately addressed through this medium?		

<b>Telehealth: Music Therapy Assessment / Addendum</b>	<b>Yes/No</b>	<b>Notes</b>
Is language in the consult, physician's order, or pay provider service agreement able to also be used for music therapy via Telehealth? IF "NO" then revisions are required		
Does the client present needs (Examples: psychosocial, coping with change, increased anxiety or risk of losing skills) that would indicate a need for revising the care plan to include temporary or expanded Telehealth services while in-person sessions are not possible?		
Does the client value the pursuit of services and show motivation or recognition of a purpose for service delivered through Telehealth? Demonstrate in the progress documentation.		
Is there measurement language identified and achievable via tele-health, and or what are reasonable adaptations		
Music - are the characteristics consistent with music and the aesthetics of music able to be supported through the medium (dynamics, range, tonality, rhythm, etc.)		
Music - is the client able to sustain and attend to the session while demonstrating musical cohesion, attention, or participation.		
Music Therapy - are the characteristics necessary for referencing, reception, expression, and engagement sustained through this medium?		
Does the client make statements that show value or appreciation to the delivery of service through this method, and on re-assessment is growth reasonable in comparison with "in-person" sessions?		
Ethically, would the client benefit from practice or training to use and experience tele-health independently from the treatment session? If so, How?		
In order to support any aspect or need, what other services (OT,PT, SLP, SW,BH, ED) could be engaged through consult or collaboration?		

**Recommendations:**

**Based on this information, and review, this client should (CIRCLE) proceed, conditionally proceed, or not proceed with tele-health based delivery of music therapy.**

(Sign here)

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Name of Music Therapist, MT-BC

Date