

Speech-Language Pathologist Assessment for a Speech Device

| | |
|--|--------------------------------|
| Date of AAC Evaluation | 04/03/2023 |
| Evaluating Speech-Language Pathologist | Susan Pathologist |
| Email Address of Evaluating Speech-Language Pathologist | fundingservices@ablenetinc.com |

Demographic Information

| | |
|--------------------------------|------------|
| Patient's Name | John Smith |
| Patient's Date of Birth | 03/02/2019 |

Background Information

| | |
|--|--|
| Medical history with summary of speech therapy intervention | <p>John's mother reported he was a full-term baby born without complications. John walked alone at 15 months, used single words to communicate at approximately one year of age. He used an expressive vocabulary of >10 words and participated in joint attention routines such as pat-a-cake and peek-a-boo. At 18 months, John began to withdraw and no longer made eye contact or responded when spoken to.</p> <p>His expressive vocabulary shrank to two words (no and water, which he used only infrequently). He was diagnosed with Autism in August 2020. Jon has received speech therapy (ST) consistently since his diagnosis and has demonstrated significant progress toward the development of functional communication skills. He is now able to use alternative/augmentative communication to request preferred items/activities, makes consistent eye contact during shared routines, and in vocal play.</p> |
| Current living environment | Home with family |
| Speech & Language ICD 10 Code & Description (Select all that apply) | F80.2 - Mixed Receptive-Expressive Language Disorder, F84.0 - Autistic Disorder |

Current Communication Impairment and Limitation

Current Communication Impairment and Limitation

Current Communication Impairment and Limitation

John has been diagnosed with severe Mixed Expressive/Receptive Language Disorder. John does not have verbal production for functional communication. Prognosis is poor for verbal communication.

John is completely non-verbal. The client will occasionally and with maximum support use gestures or signs for simple requests such as "more" and "please, and the client will occasionally physically manipulate others in order to request or have needs met.

Given the severity of the communication impairment as described above, does the patient require the use of a speech generating device (SGD) for functional communication?

Yes

Comprehensive Assessment

What is the individual's baseline of daily functional communication (including number of words or sounds used) without a device?

Family and therapists have noted John's production of words such as ball, book, bed, mom, and up. John does not consistently produce words/word approximates directed at communication partners (he will sometimes [$<10\%$ of opportunities] produce words intentionally during communication routines). When AAC is unavailable, he will point/reach, lead caregivers to desired objects, or produce "happy" or "upset" vocalizations to indicate preference. Jon is able to consistently follow single-step directions.

What are the expected functional communication goals with the requested device?

John has been using an SGD with Proloquo2Go with moderate cueing. Over the trial period, Jon has been needing less cueing and has continued to explore new vocabulary. It is expected that John will continue to gain independence to consistently request items/activities.

Does hearing status influence the patient's communication and/or the choice or use of a device?

No

Does the patient show adequate hearing abilities to effectively use a SGD?

Yes

Comments - Hearing Status

John completed a hearing screening in September 2022, hearing is within functional limits.

Does vision status influence the patient's communication and/or the choice or use of a device?

No

Comprehensive Assessment

Does the patient show adequate vision abilities to effectively use a SGD?

Yes

Comments - Vision Status

John completed a vision assessment in September 2022, vision is within functional limits. There are no concerns with his vision.

Functional Ambulation/Mobility

Independent Abmulation

Communication device to be used in the following positions:

Standing, Walking, or Seated, Patient has reliable and consistent motor response sufficient to operating a SGD

Cognitive Status

John interacts with family, peers and school staff appropriately in social and academic settings. John demonstrates the necessary cognitive prerequisites for appropriate use of AAC/SGD (e.g. simple cause and effect, object permanence and procedural memory for the operation of the device). John is currently working on receptive language skills in sessions. He has demonstrated the ability to maintain his attention to tasks. He has demonstrated the ability to locate icons/vocabulary on an SGD, independently. John demonstrates ability to use a speaking device to express a sequence of information with limited prompting. Jon demonstrates the cognitive abilities to use an SGD, high tech device.

Does the patient demonstrate the necessary cognitive abilities (i.e. attention, memory and problem-solving) skills to learn to use a SGD to achieve functional communication goals?

Yes

Does the patient's linguistic performance indicate the necessary language skills required to functionally communicate using a SGD?

Yes

Expressive Language Skills: Is the use of an SGD necessary for the patient to be able to adequately express ideas, thoughts, feelings or emergent information?

Yes

Receptive Language Skills: Is the patient able to adequately understand and has the potential to respond in conversation with the assistance of a SGD?

Yes

Comprehensive Assessment

Comments - Language Skills

John has severe speech and language impairment. However, John can respond to yes/no questions by shaking his head. John's intelligibility is 10% with unfamiliar communication partners and 20% with familiar communication partners. John can independently create sentences using the device, however he is unable to vocalize to communication partners. The prognosis for speech production is poor.

Receptively, John is able to follow multi-step directions independently. He is able to understand more than he is able to express. John is very responsive when asked a question. He responds using a communication device. He does not often initiate communication with peers or school staff. John exhibits the receptive abilities to use the requested speech device.

Daily Communication Needs

Must be able to communicate about:

Personal Needs, Personal Information, Medical Needs, Social Interaction, School Tasks

Where will the device be used:

Home, School, Community, Day Program

With whom will the device be used to communicate with:

Family, Friends, Therapists, People in the Community

Comments - Daily Communication Needs

John needs to communicate basic wants and needs such as when he is hungry, sick, needs help, etc. His current communication methods do not allow John to meet his daily communication needs. John needs to communicate with family, friends, school staff, and caregivers in the home, community, and school settings. Daily communication activities for John include expressing wants and needs, express how he feels and how he interact with peers.

Trial Information

Describe how alternative natural communication methods such as writing or sign language, are not feasible or inadequate for daily functional communication needs.

John has tried sign language throughout his time in speech therapy. He is able to use sign to answer yes/no questions, and name some objects. These are the only signs that John is able to use in communication. Through attempts to teach more signs, it has been unsuccessful and John has not retained any new signs. Due to John's motor deficits, he is also unable to write legibly so writing is not a feasible communication method.

Provide the trial period or for how long this method was used.

John has been trialing sign language for the past year, however this has proven as an unsuccessful method for effective communication. Writing was trialed over a period of a few weeks however deemed inappropriate for communication.

Trial Information

Describe how a non-electronic communication device (such as a communication board) is inadequate to meet the individual's functional communication needs.

Communication boards are too cumbersome for John and family to have constant, quick access to necessary vocab. John is ready for a faster and more robust system to meet his needs. Communication boards were used successfully by John earlier on, however he now requires a more advanced communication system.

Provide the trial period or for how long this method was used.

John has been using a communication board for the past 6 months, however this has also been proven as an unsuccessful method for effective communication. John was very successful in using the board for communication but became limited in the vocabulary options and he showed a desire for more vocabulary. A high-tech SGD provides John with dynamic page sets and a larger vocabulary to clearly articulate his needs.

Additional Comments

Outside of natural communication methods and communication boards, John has trialed a mid-tech device, the FeatherTouch. Although this provides useful audio output, it lacks the complexity which John requires for effective communication. John has also trialed other speech applications, but Proloquo2Go was found to be the most appropriate for John's needs.

Recommended Device

Device Model

QuickTalker Freestyle

Duration of device trial (number of trials, length of sessions, total duration in days)

John has been trialing a QuickTalker Freestyle from 3/1/23 - 4/1/23 (30 days). During this trial, John had speech sessions 8x for 30 minutes each. Over these sessions, John has demonstrated the ability to independently communicate his wants and needs. When communication partners could not understand John verbally, he used his SGD to effectively communicate.

Describe the type and number of symbols, pictures and/or words used.

By the end of the trial period, John was able to use the device to independently communicate 'more', 'all done', 'eat', 'dinosaur', 'help', and 'I want ____'. With moderate verbal cueing, John was initiating requests, asking for specific food items such as 'milk' or 'hamburger'.

What is the extent to which the individual can independently navigate the device?

In the beginning of the trial, John needed maximum cueing to navigate the device, as he had not been exposed to a high-tech SGD. Over the trial, John quickly learned how to navigate pages/page sets and needed only verbal cueing. During the trial John began to independently make requests such as "bathroom" or "snack". At home, John began requesting food or drink items, and certain activities. Larger phrases such as "I + want + train" took some prompting to find the page sets, but John is retaining this information quickly. Over time with a dedicated device, John shows excellent prognosis in gaining near full independence in navigating the device.

Recommended Device

The QuickTalker Freestyle meets all medical necessity requirements for my client's communication needs while being the most cost-effective device compared to all other alternatives. The QuickTalker Freestyle comes with a 5-year warranty, while all other speech-generating device manufacturers only offer a 1-year, 2-year, or 3-year warranty. Additionally, the device comes with an exclusive technical support program, ableCARE. The ableCARE program allows my client and their family members to access AbleNet's technical staff quickly and easily to ensure the device is not only operable but successfully used so that we meet or exceed the goals outlined in my speech assessment.

The QuickTalker Freestyle (HCPCS code E2510) is a dedicated speech-generating device that, when configured by our technology team, only allows the user to use the device for communication purposes, making it a dedicated device. This dedicated speech-generating device has been recommended by a licensed speech-language pathologist and the client's prescribing physician.

Goals

| Goal 1 | Yes/no goal |
|--|--|
| 1 - Yes/ no goal | John will respond to preferential yes/no questions, with 85% accuracy over 3 sessions, using SGD. |
| Goal 2 | Language functions |
| 2 - Language functions | John will navigate pages appropriately to request, protest, or respond to a question 8/10 times gives language stimulation and fading models. |
| Goal 3 | Daily and medical needs goals |
| 3 - Daily and medical needs goals | John will use the QuickTalker Freestyle to effectively express their daily and medical needs with 80% accuracy within 1 month. |
| Treatment Plan | John will continue to receive speech therapy 6x/month, 30 minutes per session to continue to familiarize them with his device. The device will be supported at home by the family and at ABA therapy. Device training will occur with the family to ensure they will be able to successfully support the device when outside of therapy. |

Speech-Language Pathologist Signature

The recipient of the QuickTalker Freestyle will be the sole user of the SGD.

A copy of this evaluation and recommendation has been forwarded to the member's treating provider for review and completion of DME order.

I am not an employee of, nor do I have, a financial relationship with AbleNet Inc., the QuickTalker Freestyle speech device supplier.

Date 04/01/2023

Speech-Language Pathologist Signature

Name

Susan Pathologist

Credentials

CCC-SLP

Signature

Example