

# Speech-Language Pathologist Recommendation for a Speech Device Rental

Date of Recommendation	08/01/2023
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	03/01/2019

## Background Information

Medical history with summary of speech therapy intervention	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. His expressive vocabulary shrank to two words (no and water, which he used only infrequently). He was diagnosed with Autism in August 2020. John 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.
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

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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. He will occasionally and with maximum support use gestures or signs for simple requests such as "more" and "please, and will occasionally physically manipulate others in order to request or have needs met.

## Comprehensive Assessment

### 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

### 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 vision.

### Functional Ambulation/Mobility

Independent Ambulation

### 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. John demonstrates the cognitive abilities to use an SGD, high tech device.

## Comprehensive Assessment

**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?**

John's language skills are developing however he shows a clear deficit in his verbal communication which makes it significantly more difficult to properly express himself. He currently demonstrates communicative intent through his use of non-symbolic and emerging symbolic forms of communication. He follows directions with support and responds mainly through non-verbal actions.

**Expressive Language Skills: Is the patient able to adequately express ideas, thoughts, feelings or emergent information?**

Using his current means of communication (i.e. physical leading, handing objects to adults, some gestures or signs), he cannot adequately express all of his ideas, thoughts, or feelings. However, he does consistently use his current means of communication to request objects, request continuation, request assistance, and protest. Using an SGD he would have the opportunity to gain attention, greet, request, protest, express basic needs, direct, comment, share information, ask questions, clarify information, carry on a conversation, and communicate health or medical needs. It is medically necessary for John to have access to high-tech AAC in order to autonomously communicate across environments.

**Receptive Language Skills: Is the patient able to adequately understand?**

John demonstrates the receptive skills needed to effectively operate and use an SGD. He consistently follows 1-step directions with gestural cues provided, responds to proximal point to locations, and demonstrate understanding of symbols as means to communicate. He attends to familiar language in conversation and shows that he understands through his response. He shows he knows the names of common items and actions during play and when looking at pictures or videos with his family.

## 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

## Daily Communication Needs

### 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.

## Other Communication Methods Attempted

### Method 1

Sign Language

### Reason this method does not meet communication needs

John has tried sign language throughout his time in speech therapy. He is able to use sign to answer yes/no questions. 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.

### Method 2

Communication Boards

### Reason this method does not meet communication needs

John's family and therapy team have also tried communication boards and PECS. These tools were of little interest to John and without voice output, it was impossible for John to communicate his wants, needs, and ideas with his family or others if they were not immediately in front of him looking at his communication tool. These tools also had limited vocabulary compared to what John needed at his age and for his daily needs.

## Device Recommended For Rental

### Device Model

QuickTalker Freestyle

### Anticipated prognosis during rental period

Based on strong receptive language skills, communicative intent, and a supportive family and therapist, the prognosis for the use of the AAC device during the rental period is excellent.

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

## Goals

### 1 - Yes/ no goal

John will respond to preferential yes/no questions, with 85% accuracy over 3 sessions, using SGD.

### Goal 2

Wh questions

### 2 - Wh questions

John will answer “who” and “what” questions in 80% of opportunities given aided language stimulation and fading cues.

### Goal 3

Language functions

### 3 - Language functions

John will navigate pages appropriately to request, protest, or respond to a question 8/10 times given language stimulation and fading models.

### Treatment Plan for Rental Period

John will continue to receive speech therapy provided by me to support his communication needs. During our weekly, 30 minute sessions, client and I will work towards the goals listed above to ensure the device continues to meet their communication needs.

## 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**

08/04/2023

**Name**

Susan Pathologist

**Credentials**

CCC-SLP

**Signature**

Example