

Speech-Language Pathologist Assessment for a Speech Device

Date of AAC Evaluation	04/12/2023
-------------------------------	------------

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	09/14/2015
--------------------------------	------------

Background Information

Background Information

Medical history with summary of speech therapy intervention

John is a young boy who was administered an augmentative and alternative communication (AAC) device evaluation between the dates between March 1st 2022 through to April 2nd, 2022, to determine if an AAC system was appropriate based on his physical, speech/language, and cognitive skills. John has a difficulty communicating his needs for personal health and safety and therefore, an AAC device is being recommended.

John's parents stated he was born premature. There is no known history of speech delay in the family. A formal diagnosis of Autism Spectrum Disorder (ICD-10 Code: F84.0) was given in 2015. John is generally in good health.

John began receiving speech services in September 2020 and continues to receive services 1x/week for 30 minute sessions. With John's autism diagnosis his ability to effectively communicate with family, peers, school personnel, and community members has been limited. John has demonstrated an increase in attending to tasks, following simple 1-step directions with some indirect cues, participates in familiar activities, and his self-regulating skills have increased.

John currently utilizes ASL, vocalizations, gestures, and an AAC communication system to communicate his wants/needs. John's communication skills mainly consist of gestures (e.g., pointing,), facial expressions, limited ASL (thank you, yes/no, help), vocalizations, and two words (i.e., mama/no.) A low-tech devices with LAMP Words for Life have been implemented to increase John's communication skills.

John is an active child with an energetic temperament. He enjoys watching videos, dancing and imitating some actions. When John is not understood, he will hit his head or throw a toy. His frustrations increase when he is unable to communicate basic wants and needs. The prognosis for improvement with treatment with a speech-generated device (SGD) is good to excellent due to John's age and parental interest in the therapy process. The prognosis for independent speech production is questionable due to his limited verbal output secondary to his medical diagnosis of Autism Spectrum Disorder (ICD-10 Code: F84.0). Hi speech will not be sufficient to meet daily communication needs for the foreseeable future. Limited verbal output significantly impacts John's attention skills, academic and social skills, and his ability to independently communicate his basic wants/needs during social and emergency situations. John's family is supportive of his use of an AAC device and believes he would benefit from an AAC device to communicate with family, therapists, community members, and peers. When provided with models John can locate icons, request for "help" with a sign or communication device when he does not find the word he is looking for.

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

John is completely non-verbal though they may vocalize when excited or upset. 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

Is the patient hearing impaired?

No

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

Yes

Does the patient have adequate hearing abilities to effectively use a SGD to communicate functionally?

Yes

Comments - Hearing Status

John’s hearing was assessed in September 2022 and there were no concerns. John responds to noise and turns when he hears his name. He has the hearing abilities to successfully use an AAC/SGD device.

Is the patient visually impaired?

No

Does the patient possess adequate acuity for use of a SGD?

Yes

Does the patient possess adequate visual tracking skills for use of a SGD?

Yes

Does the patient require modifications to utilize a SGD? (ex: lighting, angle)

No

Comments - Vision Status

John’s vision was assessed in September 2022 and there were no concerns. John responds to visual stimulation during sessions. He has the vision abilities to successfully use an AAC/SGD device.

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

Comprehensive Assessment

Does the patient have any mobility limitations that could impact their ability to access a SGD?

No

Comments

John demonstrated the ability to manipulate the on/off button on the device. He generated short phrases (i.e., I want snack.) utilizing 3 icons with verbal cues and minimal direct models from the clinician. John independently carried his device when coming to and from therapy sessions.

Cognitive Status

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).

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

Describe the patient's cognitive abilities (i.e. attention, memory and problem-solving) skills to learn to use a SGD to achieve functional communication goals.

John's cognitive abilities are impaired; however, 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). This was confirmed throughout the SGD trial with the QuickTalker Freestyle as well as from observations in speech therapy sessions. During the trial period, he was able to follow one-step, simple directions, and maintain interest and engagement with the communication device for an average of 10 minutes at a time. John is able to make simple requests and label object with minimal visual supports. John was able to communicate his wants and needs throughout the trial period with various communication partners (mom, teacher, speech therapist) and in various environments (school, home, grocery store and in speech sessions).

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

Comprehensive Assessment

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

Describe the patient's linguistic performance, including their ability to follow directions, sequencing, coding, symbol recognition, expressive language skills, and pragmatic language skills.

John demonstrates the necessary cognitive prerequisites for the adequate use of AAC/SGD. John has demonstrated the ability to attend to tasks for 10 minutes at a time. John can memorize how to locate the following icons: colors, food, done, I want, and help with direct modeling. John has demonstrated the ability to utilize the erase/delete key appropriately with minimal prompts. He has utilized his problem-solving skills to maneuver through icons to locate the desired target response/request (i.e., open/mouth) without assistance from the treating clinician. John additionally follows simple 1-2 step commands with minimal cues.

Sensory-Perceptual Skills

Describe the patient's sensory-perceptual skills, including sensorimotor, visual acuity, hearing acuity, and tactile sensation.

John's ability to communicate using the QuickTalker Freestyle is good to excellent. Without the use of the SGD prognosis for verbal speech is poor. Considering his diagnosis, he is not expected to verbally communicate on his own. During the trial, John was able request objects such as "I + want + goldfish" and "I + like + blue" with 80% independence. He was able to greet "I + am + John" and "hello"/"Goodbye" with 100% accuracy. During the school day, he was able to use his device with minimal prompting when participating in activities. Occasionally, he would need assistance to find a word, however, he is comfortable navigating through pages on the communication app.

Literacy Skills

Describe the patient's literacy level.

John is able to read at his age level. He has shown the ability to read and understand written directions. There are no known barriers of John's literacy level that would negatively affect him using an SGD.

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 must be able to communicate with family, medical personnel, school staff, community members, and his peers. He needs to be able to communicate his health and safety, request help when needed, express wants and needs, express when he is in pain or feeling ill, etc. John's verbal abilities are limited due to his limited resources. He currently greets others appropriately and answers "yes/no" questions. John would benefit from an augmentative communication device in which he would not need to rely on those around him to assume or guess what his wants and needs are. For an augmentative communication system to be effective for John, it needs to provide him with generative language capabilities, the ability to communicate messages across space and with sufficient volume, and the ability to continue expanding vocabulary options.

Devices Tried

Device 1 Tried

Non-Dedicated SGD with Proloquo2Go

Device 1 Tried

Tried and ruled out

Device 1 Tried: Outcomes/Rationale

High-tech 2 Non-Dedicated

Device 1 Tried: Outcomes/Rationale - High-tech 2 Non-Dedicated

The current non-dedicated SGD (iPad) being used is not a dedicated device for the primary use of communication and is not designed for speech output. Since it is not locked into the speech application, the devices other applications and functionalities are be a distraction for the John and hinder his communication goals.

Device 2 Tried

QuickTalker FeatherTouch 12

Device 2 Tried

Ruled out without trying

Device 2 Tried: Outcomes/Rationale

Low-tech 2

Device 2 Tried: Outcomes/Rationale - Low-tech 2

The QuickTalker FeatherTouch 12 has limited vocabulary. John is ready for a wider level of vocabulary and has shown that he can link several communication responses independently.

Additional Comments

John has tried sign language throughout his time in ST. He is able to use sign to answer yes/no questions. These are the only signs that Jon is able to use in communication. Through attempts to teach more signs, it has been unsuccessful and John has not retained any new signs. Jon also does not have the motor abilities to functionally use writing as a way to communicate. Therefore, both sign language and writing were ruled out as less costly alternatives.

Body language/Gestures/Facial Expressions

No

Devices Tried

Natural Speech

No

Sign Language

No

Writing

No

Trial Device 3 - Recommended Device

Trial Start Date

03/02/2023

Trial End Date

04/04/2023

Trial outcomes and explanation as to why the QuickTalker Freestyle is recommended

John is not able to meet his communication using the ruled out methods. He uses simple gestures that are only known by his close family members. These gestures are not known widely and are not well received out in the community setting. John does not have any natural speech. He occasionally makes some utterances, but again not understood beyond his immediate caregiver. Sign language has been tried and is currently used. He currently has 20 signs and John's vocabulary has surpassed this level.

Through sessions sign language has been a skill that I have continued to teach John, yet he has shown no gain over the past 6 months in terms of learning new signs. He also has excelled since showing and starting to train on a voice output device which is why we are requesting a dedicated device for John.

John's communication skills significantly increased during the trial period with the QuickTalker Freestyle. He used the device to communicate various requests (ex. eat, help, want, bathroom) as well as comment (yes, no) and has grown to 90% independence with initiating these requests. The device has provided John with a much larger vocabulary, which he has begun to explore and use. The QuickTalker Freestyle is necessary for John to continue communicating effectively and efficiently as his vocabulary continues to grow.

Describe the patient's ability to navigate the device (pages/icons) and the level of assistance required.

John's ability to communicate using the QuickTalker Freestyle is good to excellent. Without the use of the SGD prognosis for verbal speech is poor. Considering his diagnosis, he is not expected to verbally communicate on his own. During the trial, John was able request objects such as "I + want + goldfish" and "I + like + blue" with 80% independence. He was able to greet "I + am + John" and "hello"/"Goodbye" with 100% accuracy. During the school day, he was able to use his device with minimal prompting when participating in activities. Occasionally, he would need assistance to find a word, however, he is comfortable navigating through pages on the communication app

Trial Device 3 - Recommended Device

Describe the patient's use of the device in various locations.

By the end of the trial, John was using the device at both home and school. At school it was present in the classroom and during speech therapy sessions. He was able to utilize the device in conversation with peers and teachers. At home it is reported that John is using the device independently to request items or gain his parents attention. Access to this device has also significantly reduced communication breakdowns across all settings.

Device Model

QuickTalker Freestyle

Based on the trial period, has the patient proven that they can use the features of the QuickTalker Freestyle?

Yes

Prognosis Using the Above Outlined Device

John has demonstrated significant progress toward the acquisition of functional communication skills through use of an SGD . However, the device he has been trained on does not belong to him/his family and he is unable to use it outside of speech therapy sessions. The implementation of an SGD that he is able to use 24/7 would significantly improve his ability to communicate functional information and basic wants/needs across communication contexts. A QuickTalker Freestyle 10.2" with Proloquo2Go fulfills John's need for a device which travels with him across home, educational, and community contexts, allows for vocabulary growth as his language skills improve, and ease of access. John's prognosis for improved communicative function with continued skilled treatment and generalization of SGD is good-to-excellent based on his cognitive capacity, improving pragmatic skills, and prior success with AAC. Implementation of an SGD across communication contexts (home/social, school, therapy) improves the likelihood of his ability to develop functional communication skills and relate functional information will a wide variety of communication partners.

What is the most appropriate access method for the patient?

Direct selection

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

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

Activities of daily living

3 - Activities of daily living

Using SGD, John will identify high-function items (body parts, articles of clothing, food, etc.) in >70% of trials with moderate/maximum cues during structured routines to increase receptive/expressive language skills and appropriate participation in ADLs.

Treatment Plan

Who will support the client with the device?

ableCARE

In what environment

As needed

What have they been trained/prepared to do?

Troubleshoot operational issues with device to assist medical professionals and family members.

Who will support the client with the device?

Myself/Speech-Language Pathologist

In what environment

As needed, Community, School/Clinic

What have they been trained/prepared to do?

Visit with client to meet evaluation goals.

Explain the Patient's Treatment/educational plan, and Support Schedule upon funding of a device:

John will attend speech therapy sessions 1x weekly for the next 6 months. This will ensure he is using the device and will help meet goals stated above.

Explain the Parent/Family/Caregiver Intervention, training plan and support upon funding of a device:

Family will attend therapy sessions with John and any additional training session provided by the speech therapist. This session will show his family how to program and support the device during the lifetime use of the device. Family will also be supported by the ableCARE Product Success Team.

Is the member and primary communication partner willing to learn and use the device for daily communication?

Yes

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	04/12/2023
-------------	------------

Name	Susan Pathologist
-------------	-------------------

Credentials	CCC-SLP
--------------------	---------

Signature	
------------------	--

Example