# Speech-Language Pathologist Assessment for a Speech Device

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| **Date of AAC Evaluation** | 06/01/2024 |
| **Evaluating Speech-Language Pathologist** | Samantha L. Pathologist |
| **Email Address of Evaluating Speech-Language Pathologist** | fundingservices@ablenetinc.com |

## Demographic Information

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| **Patient's Name** | John Smith |
| **Patient's Date of Birth** | 08/01/2021 |
| **Speech & Language ICD 10 Code & Description (Select all that apply)** | F80.2 – Mixed Receptive-Expressive Language Disorder, F84.0 – Autistic Disorder |

## Replacement Device

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| **Is this a replacement device?** | No |
| **Has the device been deemed un-repairable by the manufacturer?** | N/A |
| **Has the device had extensive repairs in the past?** | N/A |
| **Are more repairs anticipated?** | N/A |
| **Has the existing equipment outlived useful lifetime (5 years)?** | N/A |

## Background Information

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| **Medical history with summary of speech therapy intervention** | John's parents report that he was born full term without complications. He experienced 2 ear infections as an infant, but these were cleared with antibiotics. John met his physical developmental milestones in an expected fashion, but his family noted concerns about his ability to engage with people, imitate words, and follow directions. John was initially referred for a speech and language evaluation through early intervention by his pediatrician due to parent concerns related to his delayed communication and sensory processing. He has been receiving speech and occupational therapy in the home since the age of two. John also receives outpatient speech therapy services once per week for 30 minutes. His family was referred for an evaluation with a developmental pediatrician, where he was diagnosed with autism at 30 months old. |
| **Current living environment** | Home with family |
| **Is the patient's verbal speech expected to improve?** | No |

## Current Communication Impairment and Limitation

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| **Current Communication Impairment and Limitation** | John uses some sounds and words intermittently, but primarily communicates by pointing and leading his family to what he wants. John will occasionally use single words to say what he wants to eat or shows he wants to watch, but this is inconsistent and his vocabulary is limited. He will sometimes script from TV shows. He is not yet using verbs or combining words into novel phrases. |
| **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

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| **Patient is hearing impaired** | No |
| **Patient possesses adequate hearing to understand speech generated by the device** | Yes |
| **Patient possesses the hearing abilities to effectively use a SGD to communicate functionally** | Yes |
| **Patient is visually impaired** | No |

## Comprehensive Assessment

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| **Patient possesses adequate acuity for use of device** | Yes |
| **Patient possesses adequate visual tracking skills for use of device** | Yes |
| **Patient requires modifications to utilize the device (ex: lighting, angle)** | No |
| **Functional Ambulation/Mobility** | Independent Ambulation |
| **Communication device to be used in the following positions:** | Standing, Walking, or Seated |
| **Attention to task** | Able to be redirected (enter amount of assist below) |
| **Comments** | John requires repetitions and cues to attend to certain activities |
| **Memory** | Intact |
| **Problem Solving** | Intact |
| **Understands cause and effect** | Yes |

## Cognitive Status

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| **Cognitive Status** | John demonstrates the necessary cognitive prerequisites for appropriate use of an 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 |
| **Patient will access the SGD system by** | Direct selection |
| **Will the patient require assistance while physically accessing the SGD system? (If yes, please select what type of assistance will be required)** | Keyguard |

## Cognitive Status

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| **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 |

## Needs Assessment

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| **Describe past use of communication support and why it does not fit the patient’s current needs** | At present, verbal communication is not meeting John's needs because his vocabulary is significantly limited. During previous speech therapy sessions, other systems were introduced but were not sufficient for meeting his communication needs. These included sign language, PECS, and a communication board. John did not seem to understand the concept of these communication systems and required significant support to attend to or use them. |
| **Include typical communication partners and environments that this patient would be in while utilizing their SGD** | John spends the majority of his time at home or at the homes of family members. His family visits the library and play group sessions frequently. He spends most of his time with his parents, little sister, and grandparents. |
| **Does the member currently own an iPad or tablet?** | Yes |
| **Please explain** | John likes to play games and watch videos on his family's iPad. |

## Daily Communication Needs

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| **Must be able to communicate about:** | Personal Needs, Personal Information, Medical Needs, Social Interaction |
| **Where will the device be used:** | Home, Community |
| **With whom will the device be used to communicate with:** | Family, Friends, Therapists, People in the Community |

## Daily Communication Needs

Patient is able to meet daily communication needs using the following natural communication methods:

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| **Body Language/Gestures/Facial Expressions** | No |
| **Natural Speech** | No |
| **Sign Language** | No |
| **Writing** | No |

## Trial Information

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| **Trial Device 1** | Communication Board |
| **Trial Type** | Trialed and ruled out |
| **Device Type** | Low-tech 1 |
| **Trial Device 1 Summary - Low-tech 1** | John required consistent prompting to attend to adults modeling the use of a communication board for making choices of what he wanted to eat. Hand under hand cueing was utilized to connect pointing with receiving the food that was selected on the picture board. He understands the concept of cause and effect, but he was not motivated to use the communication board. This option is inadequate for John's communication needs because it limits his access to robust vocabulary and his ability to |
| **Trial Device 2** | PECS |
| **Trial Type** | Trialed and ruled out |
| **Device Type** | Low-tech 2 |
| **Trial Device 2 Summary - Low-tech 2** | PECS were trialed during at-home therapy sessions. John required consistent cueing to exchange the pictures with a partner. He did not show progress toward using the system independently to ask for snacks or what TV show he wanted to watch. PECS is limited when it comes to the type of messages that can be communicated and does not allow for easy editing as John's language needs change. |

## Trial Goals

## Trial Goals

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| **Trial Goal 1** | John will use total/multi-modal communication to express a variety of functions (e.g. greeting, requesting, rejecting, asking a question, etc.) within daily interactions in 5 out of 10 opportunities across 3 consecutive data collections, with cues fading to independence. |
| **Goal 1 Baseline** | At the beginning of the trial, John could only communicate requests with consistent verbal, gestural, hand under hand cueing, and direct models. |
| **Goal 1 Results** | During structured activities (e.g. asking for a snack, opening the door, ready set go), John is able to use the device to express one word messages in 5 out of 10 opportunities when provided occasional support (verbal cue, gestural cue). |
| **Trial Goal 2** | John will imitate two-word phrases on the SGD following an initial model in 5 out of 10 trials across 3 consecutive data collections, with cues fading to independence. |
| **Goal 2 Baseline** | At the beginning of the trial, John could communicate one word messages with significant support provided. |
| **Goal 2 Results** | John can imitate a two word phrase on the SGD in 5 out of 10 trials with hand under hand cueing and direct models. |
| **Trial Goal 3** | John will use the SGD to gain the attention of an adult in 5 out of 10 opportunities across 3 consecutive data collections, with cues fading to independence. |
| **Goal 3 Baseline** | At the beginning of the trial, John required maximal support (hand under hand, direct models) to use the name of a family member or a greeting word to gain the attention of another person. |
| **Goal 3 Results** | John is able to gain the attention of adults in 5 out of 10 trials when given moderate gestural cues and hand under hand support. |
| **Summarize the patient's ability to use the device throughout the trial goals** | At the beginning of the trial, John required consistent maximal cueing to attend to and use the device functionally. He required verbal reminders, hand under hand cueing, and direct models. Throughout the trial, he was able to gain independence in using common words and phrases during structured tasks. His goals have been achieved when moderate cueing is provided. It is anticipated that he will continue to gain independence in using the device to communicate in functional ways. |

## Trial Device 3 - Recommended Device

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| **Trial Start Date** | 05/01/2024 |
| **Trial End Date** | 05/31/2024 |

## Trial Device 3 - Recommended Device

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| **Trial outcomes and explanation as to why the QuickTalker Freestyle is recommended** | John was able to meet multiple trial goals and has shown steady progress over the 30 day trial when using the QuickTalker Freestyle. He was able to use the device at home during a variety of structured activities to communicate for different reasons. He is able to push the core vocabulary buttons on the main page to use one-word utterances independently. He was able to request a snack by selecting the word "eat" with minimal prompting. He selected the word "open" to ask his mom to open the door with moderate verbal and physical prompting. John greeted his therapist by selecting "hi + name" when provided pointing cues. John showed these outcomes most successfully with the QuickTalker Freestyle. This device is necessary to support John's language development by providing access to robust vocabulary so he can fully express his wants, needs, and ideas. |
| **Describe the patient's navigation of the device. Can they navigate across pages? Do they understand the functionality of a high-tech device? Are they able to turn the device on/off and adjust the volume?** | John is able to navigate the buttons on the main page John independently during structured tasks. requires assistance in navigating to the vocabulary pages on the device. For example, an adult will demonstrate clicking on the folder to access the page with his favorite foods. John attends to the device as the adult pushes the buttons and then he is able to make a selection of the food he wants. He understands the concept of cause and effect to request desired items. He is able to push the power and volume buttons when given a model and pointing cues. |
| **Device Model** | QuickTalker Freestyle Mini |
| **Prognosis Using the Above Outlined Device** | John has demonstrated consistent gains in his functional communication skills through use of an SGD. A dedicated communication device would significantly improve his ability to express functional information and basic wants/needs with his family. A QuickTalker Freestyle best fits John's need for a device that is easy to transport and easy to modify as his needs change. With continued therapy sessions focusing on using the device, the prognosis for successful implementation of the SGD is good-to excellent. |
| **Explain why less costly alternatives (mid/low-tech, PECS etc.) are not appropriate for the patient's current needs.** | John demonstrates the capacity to comprehend a wide variety of words that he is not yet able to express verbally. A low/mid-tech device is much harder to edit to support the growth of John's language skills. It would be too cumbersome to use a physical system like PECS and a mid-tech device would significantly limit his access to a robust vocabulary. A high tech system is best suited for John's communication needs. |

## Goals

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| **Short Term Goal 1** | Language functions |

## Goals

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| **1 - Language functions** | John will use his SGD to make a request in 8 out of 10 opportunities across 3 consecutive data collections, with cues fading to independence |
| **Short Term Goal 2** | Language functions |
| **2 - Language functions** | John will imitate two-word phrases on the SGD following an initial model in 8 out of 10 opportunities across 3 consecutive data collections, with cues fading to independence. |
| **Short Term Goal 3** | Other |
| **3 - Other** | John will use the SGD to gain the attention of an adult in 8 out of 10 opportunities across 3 consecutive data collections, with cues fading to independence. |
| **Long Term Goal 1** | Language functions |
| **1 - Language functions** | John will use total/multi-modal communication to express a variety of functions (e.g. greeting, requesting, rejecting, asking a question, etc.) within daily interactions in 8 out of 10 opportunities across 3 consecutive data collections, with cues fading to independence. |
| **Long Term Goal 2** | Language functions |
| **2 - Language functions** | John will create novel multi-word combinations in 8 out of 10 opportunities across 3 consecutive data collections, with cues fading to independence. |
| **Long Term Goal 3** | Other |
| **3 - Other** | John will use the SGD to initiate interactions for a variety of purposes in 8 out of 10 opportunities across 3 consecutive data collections, with cues fading to independence. |
| **Frequency/Duration (ex: 1 x 45 min/weekly, 2 x 30 weekly, 1 x 30 monthly)** | 1 x 60 minutes weekly early intervention, 1 x 30 minutes weekly outpatient |
| **Type of treatment** | Individual |
| **Individuals responsible for troubleshooting** | ableCARE |

## Assurance of Coverage Guidelines

| Assurance of Coverage Guidelines | |
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| **The patient has a severe expressive communication impairment related to a medical condition or developmental disability that interferes with the patient's ability to meet daily functional communication** | Yes |
| **The patient's ability to communicate using speech and/or writing is insufficient to meet daily functional communication needs** | Yes |
| **The patient cannot meet daily functional communication needs with any unaided means of communication** | Yes |
| **The recommended device can be used to communicate with multiple individuals in multiple settings within the trial location while conveying varying message types without being fully dependent on prompting or assistance in producing the communication** | Yes |
| **The member has the cognitive, auditory, visual, language, and physical abilities to use the recommended SGD for functional communication** | Yes |
| **A licensed Speech Language Pathologist (SLP) experienced in AAC service delivery has made the recommendation for the device and a licensed physician, nurse practitioner, or physician's assistant enrolled as a NY State Medicaid provided has prescribed the device or software - (See below and attached documents for documentation)** | Yes |
| **The member has demonstrated the ability to use the recommended device and accessories or software for functional communication as evidenced by a data-driven device trial showing that skills can be demonstrated repeatedly over time, beyond a single instance or evaluation session** | Yes |

## Assurance of Coverage Guidelines

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| **The SGD and related accessories are the adequate, less expensive alternative to enable the patient to meet daily functional communication needs. Other alternatives have been ruled out** | Yes |
| **The SGD and related accessories must allow members to improve their communication to a functional level not achievable without a SGD or less costly device** | Yes |

## Physician Information

This report was forwarded to the treating physician so that he/she can write a prescription for the recommended SGD and accessories.

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| **Physician** | Dr. Jenny Jones |
| **Physician Phone Number** | 123-456-7890 |

## Speech-Language Pathologist Signature

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

The QuickTalker Freestyle (HCPCS code E2510) is a dedicated and custom configured speech-generating device that is only usable for communication purposes. The software used by AbleNet ensures the device is only usable for communication with the prescribed speech application. The user is unable to unlock the device without the assistance of ableCARE, the AbleNet Product Success Team, and approval from the treating speech language pathologist.

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.

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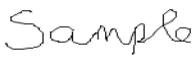
| **Date** | 06/01/2024 |
| **Name** | Samantha L. Pathologist |
| **Credentials** | CCC-SLP |
| **License #** | SL123456 |
| **Signature** |  |