

Speech-Language Pathologist Assessment for a Speech Device

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

Demographic Information

Patient's Name	John Smith
Patient's Date of Birth	09/01/2021

Background Information

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
Speech & Language ICD 10 Code & Description (Select all that apply)	F80.2 - Mixed Receptive-Expressive Language Disorder, F84.0 - Autistic Disorder

Current Device

Does the patient currently use a speech generating device?	No
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Current Communication Impairment and Limitation

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. His speech is not functional to meet his communication needs at this time.

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

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

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

Functional Ambulation/Mobility

Independent Ambulation

Communication device to be used in the following positions:

Standing, Walking, or Seated

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

Comprehensive Assessment

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

Daily Communication Needs

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

Other Communication Methods Attempted

Method 1 Communication Boards

Reason this method does not meet communication needs 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 understood the concept of cause and effect, but he was not motivated to use the communication board. This method proved to be ineffective for John and his family.

Method 2 Sign Language

Reason this method does not meet communication needs With prompting, John is able to imitate some signs intermittently (e.g. more, all done, milk) but he is not able to use signs independently to communicate in a functional way. His communication partners do not understand many signs, which would limit effective and functional communication through this modality.

Device Recommendation

Device Model

QuickTalker Freestyle Mini

Prognosis and Anticipated Improvement to the Client's Functional Communication Using the Above Outlined Device.

John's verbal language skills are insufficient to meet his communication needs at this time. He requires the use of a high-tech SGD to express his wants, needs, and ideas with his family. The device provides an alternative method for him to communicate basic needs like hunger, express when he's in pain, and share in social interactions with his family. Given his family's willingness to learn and carry over strategies for communication, the prognosis for successful implementation of an SGD is judged to be good to excellent.

Goals

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.

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.

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.

Treatment Plan and Training Schedule

John will continue to receive one hour of home-based speech therapy every week, focusing on continued implementation of the SGD. He will also receive one 30-minute session of outpatient speech therapy per week, where the device will also be utilized. John's therapists and family will work together to maximize the functional use of the device across multiple settings. His therapists and family will collaborate to ensure ongoing support and troubleshooting as the device is implemented into daily routines.

Speech-Language Pathologist Signature

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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.

Date	07/09/2024
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Name	Samantha L. Pathologist
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Credentials	Licensed Speech Therapist, CCC-SLP
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Signature	
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Do you want a co-signer?	No
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