

(Place on letterhead)

AUGMENTATIVE COMMUNICATION EVALUATION REPORT

NAME:	Jon Smith
MEDICAID RECIPIENT ID#	12345
PATIENT INSURANCE ID #:	12345
DOB:	March 1, 2015
DATE OF EVALUATION:	June 10, 2023
PARENT(S):	Mary Smith
ADDRESS:	123 First Road
	Roseville, MN 55113
COUNTY:	Ramsey

MEDICAL DIAGNOSES:

Primary Medical Diagnosis: F80.2 Mixed Receptive-Expressive Language

Secondary Medical Diagnosis: F84.0 Autistic Disorder

1. RELEVANT MEDICAL HISTORY

Jon's mother reported he was a full-term baby born without complications. Jon 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, Jon 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. 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 or augmentative communication to request preferred items/activities, makes consistent eye contact during shared routines, and in vocal play.

2. SENSORY STATUS

A. Vision (Include acuity & abilities in relation to utilizing an ACD):

Jon's vision is within normal limits. He can correctly identify small icons on the ACD on an 8x8 grid size. He has the visual ability to effectively use an SGD to communicate.

B. Hearing (Include acuity & abilities in relation to utilizing an ACD):

Jon's hearing is within functional limits and there are no known issues with hearing impairment. Jon responds to speech directed at him without any difficulty and can follow directions presented verbally. Jon has the hearing ability to successfully use an ACD.

C. Tactile/Sensory Involvement (in relation to utilizing an ACD):

There are no identified sensory difficulties that would limit Jon's use of an ACD. Jon demonstrates the successful sensory ability to effectively use an ACD.

3. POSTURAL, MOBILITY, & MOTOR STATUS

A. Motor Status (Including fine and gross motor abilities):

Jon is independently ambulatory and uses direct access for an ACD. Jon has the fine motor skills to use single finger pointing/selection and a functional range of motion in his upper extremities to reach/grasp the device.

B. Optimal Positioning of ACD in Relation to Client:

Jon does not have any specific position needed for the ACD. He will use the device while standing or seated with the ACD in front of him.

C. Integration of Mobility with ACD:

Jon will be transporting his device in and across all environments without assistance.

D. Client's Access Methods (and Options) for ACD's:

Jon can use his middle and index fingers to select desired icons on the device. He has the motor skills to access and use the recommended device to achieve functional communication goals.

4. DEVELOPMENTAL STATUS

A. Information on the Client's Intellectual/Cognitive/Developmental Status:

Jon has the cognitive and intellectual abilities to successfully and independently use the recommended ACD device. He understands cause/effect and can answer basic questions about daily wants, needs, and emotions.

B. Determination of Learning Style (i.e., behavior, activity level):

Jon learns best through auditory and visual stimuli and minor hand-over hand direction. He enjoys interactive activities and is highly motivated to learn. He demonstrates the ability to use an ACD independently after very few prompts.

5. FAMILY/CAREGIVER AND COMMUNITY SUPPORT SYSTEMS

A. A Detailed Description Identifying Caregivers And Support:

Jon lives at home with his mother and father. Family members are supportive and eager for Jon to obtain an ACD. His family and support team are willing to assist Jon using an SGD.

B. The Extent of Their Participation in Assisting the Recipient With Use of the ACD:

Jons mother and father will be responsible for supporting the ACD at home and will reach out to Jon's SLP for additional aid. They will also encourage use at home when requesting items or responding to questions to avoid communication breakdowns.

The SLP will assist during sessions and as needed if Jon's family reaches out. In session, SLP will work with Jon to learn new vocabulary through activities and increase Jon's ability to navigate the ACD.

C. Their Understanding of the Use of the ACD:

Jon's family has a basic understanding of the recommended ACD and the purpose and importance of the device in Jon's communication. They are highly engaged in learning how to incorporate the device into Jon's home environment.

D. Their Expectations if a Device is Recommended:

Jon's family has expectations that he will use the device at home to demonstrate appropriate communication. This includes his ability to communicate concerns and questions at home, and his ability to continue to use the device outside of the home in the community and at school. They expect that Jon will effectively interact with community members and school personnel with little aid as he becomes more comfortable with the ACD.

6. CURRENT SPEECH, LANGUAGE & EXPRESSIVE COMMUNICATION STATUS

A. Identification and Description of the Client's Expressive or Receptive Communication Impairment Diagnosis:

Jon currently communicates via picture symbols, some gestures and unintelligible speech. These methods do not give Jon the appropriate level of communication needed. His speech is highly unintelligible and only 20% recognizable by his immediate family. Jon can follow multi-step commands and demonstrates a clear desire to communicate more than he currently can.

Due to Jon using mainly picture symbols, his communication partners must depend on slower communication and often inaccurate as the symbols cannot convey more specific requests/needs. Jon needs a high-tech system (such as the recommended one) to enable him to communicate more specific needs.

B. Speech Skills AND Prognosis of Developing Functional Expressive Communication:

Jon's speech is 20% intelligible to his family and <10% to unfamiliar communication patterns. The prognosis for functional speech is poor and due to his severe speech impairment, it is not expected that his functional speech will improve. An ACD would significantly improve his communication ability.

C. Communication Behaviors and Interaction Skills (i.e., styles & patterns):

Jon is observed to be very attentive when being communicated to and will maintain eye contact with SLP during activities. He shows positive communication and social skills to use an ACD, and a desire to effectively communicate through the device.

D. Description of Current Communication Strategies (including use of ACD, if applicable):

Jon has been attending speech therapy for the past 5 years. He has been using an iPad in sessions and it has been proven an effective mode of communication for him. At school Jon also receives aid from speech therapists 1x a week. It is agreed among his support teams at school, his family and SLP that he obtain his own ACD to use across settings seamlessly.

E. Previous Treatment of Communication Problems:

Jon has been receiving speech therapy and school-based therapy for 5 years. His diagnosis is due to his severe communication deficits which are continually being addressed in these sessions.

These deficits prevent him from functionally communicating personal, medical, and social needs. It is strongly recommended that Jon continue with speech sessions AND the recommended ACD as it is imperative that Jon be provided with a communication system and support appropriate for his needs.

Compared to previous approaches, the recommended ACD will be a significant benefit in his treatment approach as it will allow Jon to functionally communicate at a more advanced and accessible level. It is expected that Jon's expressive and receptive language skills will improve with access to this device to become a more efficient communicator.

7. COMMUNICATION NEEDS INVENTORY

A. Description of Client's Current And Projected Speech/Language Needs:

Jon needs to be able to communicate to caregivers+family his personal, medical, and social needs in daily communication environments. He currently communicates using picture symbols, gestures, and highly unintelligible speech. These methods have proven to be unsuccessful. As Jon grows, his vocabulary and needs must be articulated more clearly. Jon will continue to participate in speech therapy, however new methods such as an ACD are necessary and will provide Jon with the ability to successfully and independently communicate more information to a variety communication partners.

B. Communication Partners AND Tasks: Including Partners' Communication Abilities and Limitations, if any:

Communication partners for Jon include caregivers, family, therapists, and any other medical service provider. Tasks with these partners include expressing wants and needs regarding personal, medical, and social information. Jon is currently limited in his current communication methods, and it is being strongly recommended that Jon receive an ACD to appropriately meet his communication needs among various partners and tasks.

C. Communication Environments and Constraints Which Affect ACD Selection and/or Features:

Jon will be communicating in a variety of environments including at home, school, community, and medical situations. The ACD being recommended is necessary for Jon to communicate effectively across environments without constraints. There are no identified constraints with the recommended ACD.

8. SUMMARY OF CLIENT LIMITATIONS

A. Description of the Communication Limitations:

Jon's prognosis of developing functional speech is poor. He currently communicates primarily through picture symbols, gestures, and minimal speech that is only intelligible <10% of the time to unfamiliar listeners. He struggles to effectively communicate his basic needs and demonstrates a high cognitive ability and desire to communicate more than he currently can. It is recommended that Jon receive an ACD so that he can communicate his personal, medical, and social needs effectively and efficiently.

9. ACD ASSESSMENT COMPONENTS

A. Justification For And Use to be Made of Each Component And Accessory Required (MUST MATCH QUOTE):

QuickTalker Freestyle (10.2 screen size): This device is equipped with a dynamic, 10.2-inch touchscreen display for direct easy access. It is lightweight and holds battery easily throughout the day. Since the device is equipped with a handle+kickstand and comes with a shoulder strap, this provides Jon with very accessible modes of transport and device support. Additionally, the device will run the desired speech application, Proloquo2Go. This software enables Jon to customize/personalize to his communication needs. The QuickTalker Freestyle

also comes with a 5-year warranty which ensures Jon's device will be protected with repairs and replacements during this time if anything happens to the device.

10. IDENTIFICATION OF THE ACD'S CONSIDERED FOR CLIENT (Must include at least 3)

A. Identification of the Significant Characteristics and Features of the ACD's Considered:

Jon was presented with Proloquo2Go when finding an appropriate language system. He participated in initial guiding and prompting from the SLP and demonstrated ability to use and learn the device by self-exploration. He can locate and remember specific core word buttons and navigation across pages. This software meets Jon's ability level and includes a robust vocabulary set which can expand as his needs grow.

Jon was also presented with a FeatherTouch. This system provides a smaller number of pre-set vocabulary options. This device was very helpful early on when had a limited vocabulary, but he has since grown and desires more communication vocab. The FeatherTouch is ruled out since this device proved to be limiting to Jon as he required a wider vocabulary set. He would benefit from a high-tech SGD such as the QuickTalker Freestyle to achieve these needs.

B. Identification of the Cost of the ACD's (including all required components, accessories, peripherals and supplies, as appropriate):

QuickTalker Freestyle (10.2) with Proloquo2Go Language system installed.
(\$4995.00)

(Include other methods trialed/ruled out)

C. Identification of Manufacturer(s):

AbleNet Inc.
2625 Patton Road
Roseville, MN 55113
www.quicktalkerfreestyle.com

D. Justification Stating Why a Device is the Least Costly, Equally Effective Alternative Form of Treatment for Client (rule out the ones not recommended):

(Provide Response Here)

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, allows access ONLY to the communication app that I am recommending, and the client's physician is prescribing. Though the QuickTalker Freestyle is iPad-based, it is NOT a tablet that allows other apps to be installed. It is, therefore, a dedicated medical device used solely for communication purposes.

E. Medical Justification of Device Preference:

Jon has demonstrated significant progress toward the acquisition of functional communication skills through use of iPad-based AAC app Proloquo2Go. 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 with a wide variety of communication partners.

11. TREATMENT PLAN AND FOLLOW-UP

A. Description of Short AND Long Term Therapy Goals:

(i) Short Term Therapy Goals:

- Jon will use the QuickTalker Freestyle to effectively express their daily and medical needs with 80% accuracy within 2 weeks.
- Jon will answer “who” and “what” questions in 80% of opportunities given aided language stimulation and fading cues in 4 weeks
- Jon will independently convey his health status and emotions to caregivers within 6 weeks.

(ii) Long Term Therapy Goals:

- Jon will navigate pages appropriately to request, protest or respond to a question 9/10 times.
- Using the QuickTalker Freestyle, Jon will identify items accurately in >75% of trials with minimum cues during structured routines.
- Jon will independently initiate questions or conversations to have needs met. This will be measured in his ability to seek help or items without prompting from clinicians/family to use the device.

B. Assessment Criteria to Measure the Client’s Progress Toward Achieving Short and Long Term Communication Goals:

Prognosis will be measured in progress notes weekly, bi-weekly, or monthly.

C. Expected Outcomes and Descriptions of How Device Will Contribute to These Outcomes:

Jon will learn to independently communicate his personal, social and medical needs to family, caregivers, peers, and medical providers in all environments.

E. Training Plan to Maximize Use of ACD:

Upon receiving the QuickTalker Freestyle, Jon will receive 45 minutes of speech therapy weekly. This will help achieve functional communication goals and help Jon gain independence with using the device. At home, his family will assist and work with Jon in other environments to become comfortable and independent requesting items or responding to communication partners.

12. DOCUMENTATION ON CLIENT'S TRIAL USE OF EQUIPMENT

A. Amount of Time of Evaluation:

This evaluation with the device lasted approximately _____.

B. Location of Evaluation:

The evaluation occurred at _____

C. Analysis of Ability to Use (use very specific details of functional use of ACD recommended):

During the evaluation, Jon was able to independently answer questions related to personal, social, and health-related questions while following clinician model. This process allowed him to demonstrate his ability to communicate his personal, social, and medical needs more effectively and efficiently. Communicating personal, social, and medical needs effectively and efficiently is critical. The recommended device trial and evaluation period have proven ACD equipment is essential to using functional communication.

13. RECOMMENDATIONS

1. QuickTalker Freestyle (10.2") with Proloquo2Go
- 2.
- 3.
- 4.

This report was forwarded to the treating physician (insert MD name/address/phone) on (DATE). The physician was asked to write a prescription for the recommended equipment.

The professionals who performed this evaluation are not employees of and do not have any financial relationship with the supplier of any SGD.

SLP Signature

Date