

Part I - Skills and Needs Profile Attachment

SECTION I - MEMBER INFORMATION

1. Member Name	John Smith
2. Member ID Number	123456789
3. Date of Birth	06/01/2021

SECTION II - SERVICE INFORMATION

4. Medical Diagnosis	F84.0 - Autistic Disorder
5. Treatment Diagnosis	F80.2 - Mixed Receptive-Expressive Language Disorder
6. Member's/Family's Native Language	English
7. Is the member a dual language learner?	No
8. Date(s) or Range of Dates Needed for Completion of the Skills and Needs Profile:	5/1/2024-5/31/2024

SECTION III - BACKGROUND INFORMATION

9. Who referred the member for evaluation and why?	John was initially referred for a speech and language evaluation through early intervention by his pediatrician due to parent concerns related to delayed communication and sensory processing.
10. Briefly describe the member's living situation.	John lives at home with his mother, father, and younger sister.
11. List the member's relevant medical history.	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 uses words intermittently, but primarily communicates by pointing and leading his family to what he wanted. His family was referred for an evaluation with a developmental pediatrician, where he was diagnosed with autism at 30 months old.

SECTION III - BACKGROUND INFORMATION

12. Has the member previously received SLP services focusing on alternative and augmentative communication (AAC)?

Yes

If yes, describe the timeframe and location of previous treatment and the reason that the current SGD skills and needs profile is needed.

PECS were implemented during early intervention speech therapy sessions, but John was not able to exchange the symbols to communicate in a functional way.

13. Include additional background information or history if applicable.

John also receives outpatient speech therapy services once per week for 30 minutes. His early intervention SLP regularly communicates with his outpatient SLP via email to share progress updates and align goals.

SECTION IV - CONFIRMING NEED FOR SGD EVALUATION

14. Check all boxes that apply to the member.

Member is unable to address communication needs, including those related to health, safety, and communication with all partners, using speech alone., Member is unable to effectively communicate to address a range of communicative purposes., Member's current functional speech and/or language status is inadequate for supporting age-appropriate participation in daily situations., Member is unable to advance expressive language skills using speech alone (for example, expand vocabulary, syntax, pragmatic skills).

SECTION V - EVALUATION OF SKILLS RELEVANT TO COMMUNICATING USING AN SGD

15. Check all boxes that apply to the member's speech skills.

Member has no speech or has limited speech., Member is intelligible; however, spoken words do not match situations, reducing comprehensibility (for example, echolalia).

Include additional information regarding speech skills if applicable.

John babbles and scripts lines from TV shows intermittently.

16. Check all boxes that apply to the member's receptive language skills.

Member follows ____-step directions within physical capabilities during meaningful situations., Member responds to named objects, people, or other verbal stimuli within daily routines., Member selects pictures, line drawings, and/or printed words on tablets, phones, computers, or environmental signs or in printed material., Member experiences barriers to demonstrating receptive language skills (for example, motor or sensory impairment).

Include additional information regarding receptive language skills if applicable.

John requires environmental cues and parent support to follow complex directions.

SECTION V - EVALUATION OF SKILLS RELEVANT TO COMMUNICATING USING AN SGD

17. Check all boxes that apply to the member's expressive language skills.

Member demonstrates communicative intent., Member uses expressive language for the following communicative purposes:, Requesting

Briefly describe the member's vocabulary status and grammatical skills/language complexity.

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. He is not yet using verbs or combining words into novel phrases.

18. Check all boxes that describe the member's communication skills.

Member currently uses nonlinguistic expressive modalities, including: with merge field.

Vocalizations, Gestures, Pointing, Body Language/Facial Expression, Leading People, Eye Gaze, Behaviors

Member currently uses linguistic expressive modalities, including:

Spoken Word Approximations

Member has demonstrated use of linguistic expressive modalities via AAC, including:

Enhanced Natural Gestures, Sign Language/Approximations, Tablet-Based System With Communication Application

19. Check all boxes that describe the member's cognitive skills.

Member's ability to demonstrate cognitive skills is reduced due to barriers (for example, communication, physical, sensory)., Member demonstrates understanding of cause and effect., Member demonstrates the ability to learn operational features (for example, navigating between screens, selecting choices, turning on and off) of SGD or technologies offering similar features, such as computers, tablets, or phones.

20. Check all boxes that describe the member's learning style and context requirements related to SGD use.

Member requires or benefits from visual cues/supports. Member requires or benefits from verbal cues., Member requires or benefits from most-to-least cuing hierarchies., Member requires or benefits from task structures.

Include additional information regarding learning style and context requirements if applicable.

John learns best when therapy activities have the same structure and opportunities for repetition.

21. Select one of the following that describes the member's hearing skills.

Member has adequate hearing to understand spoken words.

Include additional information regarding the member's hearing status if applicable.

John has a history of 2 ear infections as an infant. These were cleared with antibiotics without further complications or adverse effects on his hearing.

22. Select one of the following to describe the member's vision skills.

The member has no concerns related to use of vision for communication using an SGD.

SECTION V - EVALUATION OF SKILLS RELEVANT TO COMMUNICATING USING AN SGD

23. Check one of the following boxes to describe the member's fine motor skills. (Attach report from occupational therapist or physical therapist if applicable.)

The member's motor/physical impairments require selection and implementation of appropriate access features and accessories for SGD.

Describe how impairments impact the member's ability to select symbols on the SGD or any features that will assist the member with symbol selection:

Per OT recommendation, John needs a key guard to accurately select the buttons on the device's touch screen.

24. Check all boxes that describe the member's gross motor skills/mobility/positioning. Attach report from occupational therapist if applicable.

Member independently ambulates., Member is able to carry an SGD.

SECTION VI - RECOMMENDATIONS

25. Include recommendations following completion of the skills and needs profile in the space provided.

It is recommended that John receives a QuickTalker Freestyle Mini with the Touch Chat HD app for communication. A key guard is recommended to support direct selection on the device. Speech therapy sessions will continue both at home and in the outpatient settings for programming and implementing use of the device.

PART 2 - PURCHASE RECOMMENDATION ATTACHMENT

SECTION I - MEMBER INFORMATION

1. Member Name	John Smith
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2. Member ID Number	123456789
3. Date of Birth	06/01/2021

SECTION II - SERVICE INFORMATION

4. Medical Diagnosis	F84.0 - Autistic Disorder
5. Treatment Diagnosis	F80.2 - Mixed Receptive-Expressive Language Disorder

SECTION II - SERVICE INFORMATION

6. Did the member receive SGD treatment following completion of the skills and needs profile? Yes

Treatment Start Date 05/01/2024

Treatment End Date 05/31/2024

Frequency of Sessions: once per week

7. Has the member participated in an SGD Trial? Yes

Trial Start Date 05/01/2024

Trial End Date 05/31/2024

SECTION III - DOCUMENTATION OF SGDS CONSIDERED BUT RULED OUT

8. Describe any SGD options considered but ruled out during the skills and needs profile assessment, treatment sessions, or the trial period. If relevant, highlight why other SGD options were eliminated from further consideration for the member, including less costly alternatives.

A variety of communication systems were introduced to John throughout therapy sessions. Low tech options (e.g. PECS) were introduced in the past, but were not sufficient for dynamic, reciprocal communication. TD Snap was introduced, but he did not respond well to how the pages were organized. LAMP WFL was introduced, but this was also difficult for John to navigate to reach the appropriate pages for making requests. Larger, non-iPad communication devices were presented, but they were too difficult for John to transport and use independently.

SECTION IV - RECOMMENDED SGD AND DESCRIPTION OF FEATURE MATCH

9. Identify SGD hardware AbleNet QuickTalker Freestyle Mini

Describe the feature match A QuickTalker Freestyle Mini with a durable case, handle, and kickstand is recommended for John. The hardware features that best meet John's needs include a small/lightweight device with ample screen size, all day battery life, and durable enough to withstand accidental drops.

10. Identify SGD software TouchChat HD - AAC with WordPower

Describe the feature match Touch Chat HD - AAC with WordPower is the app that is recommended for John. The features that best meet John's needs include a grid of at least 5 columns and 5 rows of icons, direct selection of icons, drawing symbols, ability to upload photos, and spoken output.

SECTION IV - RECOMMENDED SGD AND DESCRIPTION OF FEATURE MATCH

11. Language System / Organization / Page Set (Select all that apply.)

Phrase-Based, Word-Based, Message Storage Features, Vocabulary Appropriate to Age and/or Cognitive Level, Related Page Sets to Allow for Transition to More Complex Options as Language Advances

12. Access Method, Settings, and Accessories (Select all that apply.)

Adapted Touch Screen Settings and/or Key Guards

Do you need AbleNet accessories?

Yes

Describe feature match with recommended access methods, settings, and accessories. Attach occupational therapy (OT) or physical therapy (PT) reports if relevant.

A word/phrase based AAC system with visual supports is best suited for a child of John's age, as he is still acquiring the fundamentals of language. The communication system should accommodate for expansion as John matures and his language skills further develop.

13. Identify adaptations, accessories, or mounts if relevant. Describe feature match to identified options. Attach OT or PT reports if relevant.

A key guard is recommended for John to accurately select the buttons on the touch screen.

SECTION V - SUMMARY OF PROGRESS DOCUMENTED AS A RESULT OF TREATMENT OR TRIAL PERIOD

14. Provide details necessary to document how the member's ability to communicate improved with the use of the SGD.

Include documentation of the SGD trial period here. Documentation should target: How the member communicated at the start of treatment with the SGD. Examples of documentation may include, but are not limited to: baselines of established goals, frequency and types of cues, activity selection, or activity structure for targeted SGD use.

At the beginning of the trial period, John was interested in exploring the device and using it to "babble" (e.g. pushing buttons repeatedly, selecting random buttons). He required consistent redirections to focus his attention on the device when adults would model language. He was unable to functionally navigate to find desired words independently.

How the member currently communicates with the device. Examples of documentation may include, but are not limited to: measurable change from baseline performance, changes in frequency and types of cues, changes in activity selection or activity structure, examples of generated messages, interactions with caregivers/family members or school staff and care providers, or other situation implemented.

Throughout the trial, John has demonstrated noticeable growth in his communication skills through using the speech generating device. Following therapy sessions with the device used to model functional words and phrases, he is demonstrating use of the communication app in multiple contexts and ways to engage with his environment. John is able to make a selection for what he wants for snack when assistance is provided in navigating to the "foods" page. He is able to select core words like "open" and "go" during daily activities with his caregivers with initial verbal cues provided. He can use the device to answer yes/no questions with support.

SECTION VI - SGD PURCHASE RECOMMENDATION WITHOUT THE NEED FOR SGD TREATMENT OR A TRIAL PERIOD

15. Provide documentation of relevant skills for the member to use the SGD. Documentation should target:

Relevant skills, including language skills (for example, vocabulary, syntax), social skills (for example, communicative functions), and operational skills (on/off, navigation).

Language skills: John is able to use the device to make 1-word utterances (nouns, verbs, prepositions) and answer yes/no questions when caregiver support is provided. He can imitate making comments following adult modeling.

Social skills: John demonstrates communication intent to interact with others using the device. He makes requests for items and directs the actions of adults.

Operational skills: John's family demonstrates adequate use of general device features (e.g. charging, navigating to the app, guided access, etc). John is able to operate the device to the extent that is expected for a child of his age (e.g. tapping to wake the screen, touching the buttons, etc.)

Relevant context requirements (for example, frequency or types of cues), including examples of messages produced as part of completion of skills and needs profile. If relevant, include rationale for not requiring SGD treatment or a trial period to confirm recommendation (for example, degenerative diagnosis, history of using an SGD).

John's caregivers provide consistent cues (e.g. aided language stimulation, verbal cues, assistance in navigating to appropriate pages, hand under hand) to encourage him to continue learning to use the device.

SECTION VII - SUPPORT FOR RECOMMENDED SGD AND DOCUMENTATION OF TREATMENT NEEDS

16. Document evidence that the family and/or team members are able to provide essential supports relevant to the SGD matched to the member's skills and needs. Provide examples of use across environments with cue levels if applicable. (Communication logs kept during the trial period may be attached).

Home:

At home, John's parents incorporate the device into everyday communication exchanges by modeling key words to teach cause/effect (e.g. selecting what TV show to watch). His parents provide wait time and verbal cues to direct John to use the device to make a selection.

School:

The staff at John's daycare have the device available and incorporate it into interactions during play time. They navigate to the "toys" page to give him options for what he wants to play with.

Community:

John's family uses the device when they walk to the park together. His parents make comments about what animals they see, and John imitates by pushing the same button to make a comment.

SECTION VII - SUPPORT FOR RECOMMENDED SGD AND DOCUMENTATION OF TREATMENT NEEDS

17. Recommendations for SLP Treatment Following Placement of Recommended SGD (Select all that apply.)

The member requires SGD treatment following the placement of the SGD to address communication needs, support participation in routines, or advance expressive language skills. Check all relevant items below and provide requested information., The member will receive needed treatment through a private or medical-based SLP and an updated treatment plan is recorded below. (An updated treatment plan may be attached.) The treatment plan should include long- and short- term goals, and anticipated frequency and duration of SLP treatment following the receipt of the SGD. The speech-language pathologist should include their plan for coordination of care with other providers.

Rationale for why the member does not require treatment

Treatment Plan

John will continue to receive early intervention speech and occupational therapy services, once per week for 60 minutes each. He will continue to receive outpatient speech therapy for 30 minutes once per week. His team will continue to collaborate, via phone, email, and/or in person meetings, for ongoing progress monitoring and caregiver support.

Long term goal:

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 to meet his communication needs.

Short term objectives:

1. John will use the SGD to gain the attention of an adult or peer in 8 out of 10 trials across 3 consecutive data collections, with cues fading to independence.
2. John will imitate two-word phrases on the SGD following an initial model in 8 out of 10 trials across 3 consecutive data collections, with cues fading to independence.

SPEECH-LANGUAGE PATHOLOGIST SIGNATURE

Signature

Sample

Print Name

Samantha L. Pathologist

Credentials

M.S., CCC-SLP

Date Signed

05/31/2024