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Taking the 'OMG' out of AAC Report Writing

Kim Winter, MA CCC-SLP

Moderated by:
Amy Natho, MS, CCC-SLP, CEU Administrator, SpeechPathology.com

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Taking the 'OMG' out of AAC Report Writing

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February 13, 2018

CONTINUED

Disclosures

Financial: I do not have any financial relationship with a commercial interest whose products or services are discussed in this presentation. I did receive an honorarium for speaking at today's presentation.

Non-financial: I am a member of ASHA's Special Interest Group for Augmentative/Alternative Communication (SIG 12). I am currently serving a 2-year term as a member of their Professional Development Committee. I am also a member of the United States Society for Augmentative/Alternative Communication (USSAAC). Any mention of products or services in this presentation are for educational purposes only and do not constitute an endorsement.

8

My Personal Disclosures

- Products and resources I mention are things that I utilize in my practice. This does not mean…
  - They are the best options
  - They are the only options
- I've tried to incorporate readily available and/or FREE resources in this presentation.
- This presentation is based on current research and AAC methods; however, much of it is also based on my own personal experiences with doing AAC evaluations and treatment over the past 15 years. This does not mean…
  - How I do things is the best way
  - How I do things is the only way

9

Learner Outcomes

As a result of this course, participants will be able to:

- Define Medicare's coverage of a SGD and list the 7 elements required for inclusion in an AAC evaluation report.
- Identify a minimum of 5 different AAC access methods and features that should be considered as part of an AAC evaluation.
- Describe a minimum of 2 differences between mid-tech and high-tech AAC systems.

10

Why is there an 'OMG' reaction to AAC?

- Limited AAC training/preparation
  - No AAC course offered, or AAC course is an elective
  - AAC is embedded into other courses (1-3 hours overall)
  - Lack of university clinic faculty with AAC expertise
  - Limited or no AAC clinical clock hours during practicums
- SLP responsibilities and work demands has expanded
- On the job training, "trial and error" approach
- Technology is ever-changing
- Process is "overwhelming"
- Time consuming

11

The Basics: What is AAC?

ASHA Practice Portal

- An area of clinical practice that addresses the needs of individuals with complex communication needs who have impairments in speech/language production and/or comprehension.
- Uses a variety of techniques and tools.
- Can be permanent or temporary.
- Can either supplement natural speech and communication attempts (augmentative), or may be used in place of speech and communication that is absent or non-functional (alternative).

12

The Basics: AAC Methods

- Unaided Communication Systems:
  - No Tech: gestures, pointing, talking slowly, exaggerated speech movements.
- Aided Communication Systems:
  - Light Tech/Low Tech: eye gaze boards, writing, laser light pointers on an alphabet or communication board.
  - Mid Tech: simplistic, voice output devices
  - High Tech: computers and speech generating devices (SGDs).

13

The Basics: AAC Competencies (Light, 1989)

- Linguistic: skills in the native language spoken in the community and in the "linguistic code" of the AAC system.
- Operational: the technical skills to operate the AAC system (i.e. power on/off, charging, message formulation, navigation).
- Social: knowledge, judgement and skills in the social rules of interactions (i.e. initiating, maintaining, developing and terminating communication interactions).
- Strategic: compensatory strategies used by people who rely on AAC to deal with the functional limitations associated with AAC (i.e. communication breakdown resolution, interacting with those who are unfamiliar with AAC, compensating for a slow speaking rate).

14

The Basics: Vocabulary and Language Representation

- Language Representation:
  - Single meaning icons – Each vocabulary message (i.e. single word, phrase or whole sentence) is represented by a different picture icon.
  - Semantic compaction – The user creates messages using various sequences of multi-meaning icons.
  - Alphabet sequences – Messages are formulated via spelling, word prediction and whole words.
- Vocabulary:
  - Core – High frequency/common single words that make up the majority of the words in daily messages. Approximately 80% of messages can be formulated using a few hundred words. Mostly pronouns, verbs, descriptors and question words.
  - Fringe – Less common words that are customized and specific to the individual AAC user. Mostly nouns.

15

The Basics: Voice Output & Displays

- Voice Output:
  - Synthesized Speech – Electronically produced speech, which allows for text-to-speech output.
  - Digitized Speech – Recorded speech.
- Displays:
  - Dynamic – The screen display changes when an icon is selected. Most "high tech" devices have dynamic displays.
  - Fixed - The display is static and does not change when a picture or symbol is selected. Fixed displays are most often seen with low tech systems.
  - Visual Scenes – They can be fixed or dynamic. Meant to provide a high level of contextual support.
  - Hybrid – Combination of both fixed and dynamic.

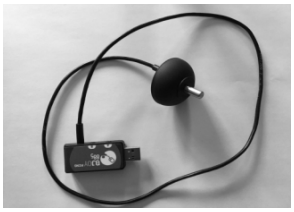
16

TobiiDynavox Compass Communication Software

17

The Basics: AAC Access Methods

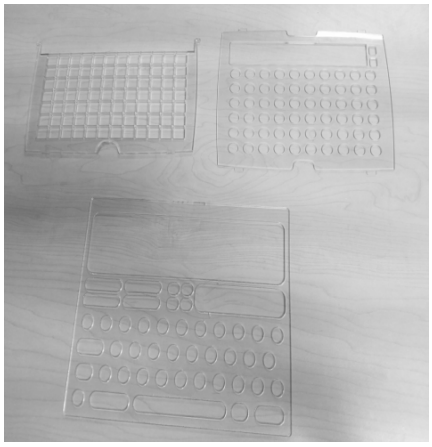
Direct selection:
- Touch
- Keyboard
- Mouse –
  - Standard
  - Trackball
  - Mouse touchpad
- Joystick –
  - Bjoy joystick
- Headtracker
- Eye gaze



18

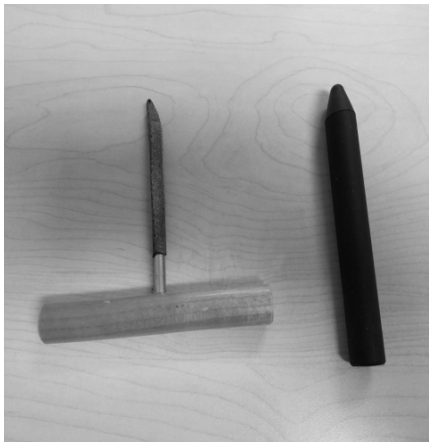
Supports for Touchscreen Access

Keyguards and Touchguides



http://www.laseredpics.biz/

Styluses



https://www.etsy.com/shop/shapedad

19

Eye Gaze SGDs

FRS WinSlate 12

PRC Accent 1000 & 1400

TobiiDynavox I12 & I15

LC Technologies
Eyegaze Edge

Talk to Me Technologies Zuvo 12 & 18

20

Eye Gaze Considerations

- How it works: A camera emits an infrared signal that tracks eye movements via retinal reflection.
- Trials of more than 1 system is recommended prior to purchase due to variances in eye gaze accuracy.

Generally NOT viable for individuals who have:

- Nystagmus
- Bifocal glasses, even if progressives – this varies for each different vendor product – try it out before ruling it out
- Inability to focus in one area for a brief period of time
- Rare instances of oculomotor apraxia with ALS

21

Impact of Dry Eye/Droopy Eye on Eye Gaze Access

- Many patients have dry eye – may not be aware of it.
- OTC eye drops (e.g. Systane)
- If eyelid becomes droopy, camera can't pick up the "glint" (reflection) from the retina.
- LC Technologies – only eye gaze system currently that can counteract droopy eyelids, but is NOT a guarantee.

22

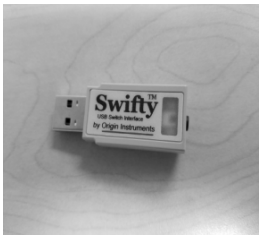
The Basics: AAC Access Methods

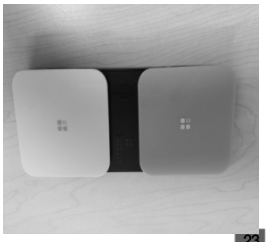
Indirect selection:
Switch scanning

Mechanical switches:

Electrical switches:

- Switch interfaces:





23

The Basics: AAC Access Methods

- Direct selection methods are always preferable over scanning
- Regardless of method, access point needs to be consistent and reliable (>80%-90%)
- Fatigue and progression factors
- No access, no communication!

24

High Tech vs. Mid-Tech SGDs

Mid-Tech SGDs

- Fixed display, "levels"
- Limited access methods – typically direct select
- Limited number of icons/display
- No pre-stored messages
- Digitized speech
- Less expensive than high-tech SGDs
- Covered by Medicare/Medicaid, BUT lack of funding departments for submitting claims

25

High Tech vs. Mid-Tech SGDs

High Tech SGDs

- Dynamic display
- Multiple access methods
- Number of icons/display is only limited by screen size and size of icons
- Often includes pre-made communication displays
- Synthesized speech
- Expensive
- Covered by Medicare/Medicaid

26

AAC Assessment

- "There is no standardized battery of tests that comprise an AAC evaluation…."

  (ASHA 2004)

- The Participation Model for AAC

  (Beukelman & Mirenda 2013) – please refer to ASHA's Practice Portal for Details.

27

AAC Evaluation Process

Part 1 - Complete an assessment of:

- Language - receptive and expressive
- Cognition – memory, attention, executive functioning
- Speech/Voice – cranial nerve exam, speech intelligibility

Part 2 – Complete SGD evaluation:

- Most SGD vendors request a minimum of 3 different devices be considered and/or ruled out.
- Must consider the patient's current and future capabilities with regard to access (i.e. motor functioning in a neurodegenerative disorder), as well as language/cognitive functioning.

28

AAC-Aphasia Categories of Communicators Checklist

(Garrett, K. & Lasker, J. 2005)

- Partner Dependent & Independent Communicators with subcategories for each.
- Identifies “Skills” & “Challenges” for each communicator type.
- FREE!
- Consider using this schematic for assessment statements and goal writing.

29

General Considerations During the AAC Evaluation

- Similar to the “car buying” process – many SGD options with many similarities.

30

Feature Matching Process

- First proposed by Shane and Costello in 1994
- Resources:
  - Boston Children's Hospital Augmentative Communication Program
  - Jane Farrall
  - Wheel of AAC Apps for Communication

31

General Considerations During the AAC Evaluation
Cont'd

- SLPs do NOT need to know everything about every device – use your vendors to help you.
- SLPs DO need to provide patients/families with information regarding the benefits and limitations of SGDs.
- Remember that YOU, the SLP, not the vendor, are the one who has to write the AAC evaluation.
- Don't forgo an AAC evaluation simply because of funding constraints.
- Bill the appropriate CPT codes:
  - 1 unit of CPT code 92607 – evaluation for SGD, 1st hour
  - 1 unit of CPT code 92608 – each additional 30 minutes
- Medicare will NOT pay for evaluation or treatment for a non-SGD

32

Medicare Funding: The Good, the Bad and the Ugly!

The Good

- Medicare (Part B) will pay the lesser of either 80% of their fee schedule or 80% of the cost of the device.
- Medicare WILL cover a SGD for individuals receiving palliative care.
- Medicare will pay for different access methods.

The Bad

- No coverage under Medicare Part A.
- Medicare will NOT cover an SGD if user is in hospice care or is in a SNF.
- Medicare requires a "dedicated" SGD.
- Have to consider the most cost-effective access methods.
- "5 Year Rule"

33

Medicare E Codes for SGDs

- E 2500 Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time.
- E 2502 Speech generating device, digitized speech, using pre-recorded messages, with greater than 8 but less than or equal to 20 minutes of recording time.
- E 2504 Speech generating device, digitized speech, using pre-recorded messages, with greater than 20 but less than 40 minutes of recording time.
- E 2506 Speech generating device, digitized speech, using pre-recorded messages, with greater than 40 minutes of recording time.
- E 2508 Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device.
- E 2510 Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access.
- E 2511 AAC software
- E 2512 AAC device mounts
- E 2599 AAC accessories

34

E2500-E2504 SGDs

Go Talks from Attainment Company $180-$230

Tech/Speak 32 from AMDI $500

35

E2506 SGD

- Logan Proxtalker
- 1,000 minutes of recorded speech
- Various vendors; $2,500

36

E2508 SGDs

Lightwriter

$7,000

37

E2510 SGDs

38

Speech Generating Device (SGD) or iDevice/Android tablet with a Communication App????

SGD

- Vendor training and tech support.
- Can try the device before purchase.
- Numerous customization options (i.e. display, vocabulary, access, etc.)
- Funding available through most insurances.
- Not generally considered "reusable" if abandoned.
- "Wait time" for insurance funding.

iDevice/tablet with an App

- Have to follow-up with Apple/tablet vendor for device support; variable, and often limited, tech support online for an app.
- Can only read online reviews of an app. No recourse for "bad apps".
- Limited options for customization or alternative access methods.
- Not funded currently.
- Reusable technology.
- Immediate availability.

39

Funded "iPads"

FRS ProSlate 8 & 10

Wego 7, 10 & 13

40

Medicare Funding: The Ugly!

- 1. Prior to the delivery of the SGD, the patient has had a formal evaluation of their cognitive and communication abilities by a speech-language pathologist (SLP). *SLP must have their CCC.
- 2. The patient's medical condition is one resulting in a severe expressive speech impairment; and,
- 3. The patient's speaking needs cannot be met using natural communication methods; and,
- 4. Other forms of treatment have been considered and ruled out; and,
- 5. The patient's speech impairment will benefit from the device ordered; and,
- 6. A copy of the SLP's written evaluation and recommendation have been forwarded to the patient's treating physician prior to ordering the device; and,
- 7. The SLP performing the patient evaluation may not be an employee of or have a financial relationship with the supplier of the SGD.

AAC-RERC website. http://www.aac-rerc.com -- Medicare Funding of AAC Technology. Information obtained on 5/1/17. Supported in part by the National Institute on Disability and Rehabilitation Research (NIDRR).

41

Medicare Reporting Requirements

The formal, written evaluation must include, at a minimum, the following elements:

- 1. Current communication impairment, including the type, severity, language skills, cognitive ability, and anticipated course of the impairment;
- 2. An assessment of whether the individual's daily communication needs could be met using other natural modes of communication;
- 3. A description of the functional communication goals expected to be achieved and treatment options;
- 4. Rationale for selection of a specific device and any accessories;
- 5. Demonstration that the patient possesses a treatment plan that includes a training schedule for the selected device;
- 6. The cognitive and physical abilities to effectively use the selected device and any accessories to communicate;
- 7. For a subsequent upgrade to a previously issued SGD, information regarding the functional benefit to the patient of the upgrade compared to the initially provided SGD.

AAC-RERC website. http://www.aac-rerc.com -- Medicare Funding of AAC Technology. Information obtained on 5/1/17. Supported in part by the National Institute on Disability and Rehabilitation Research (NIDRR).

42

AAC Report Writing: Natural Speech

- Natural speech: ineffective for meeting 100% of their daily medical, physical, vocational and/or social communication needs.
- Consider physical effort necessary for speech.
- Communication Effectiveness Scale for Individuals with ALS; Communication Effectiveness Index (CETI)
- If neurodegenerative disease process, anticipate further degradation with disease progression.
- Functional Limitations:
  - Dependent upon communication partners to interpret their communicative attempts and/or to anticipate their daily wants/needs.
  - Abandonment of ideas
  - Reduced participation in daily communications
  - Unable to complete telephone communications
  - Frustration for both user and communication partners

43

AAC Report Writing: Alternative Communication Modalities

- Writing: Legibility, fatigue, effort, efficiency, accuracy, physical abilities.
  - Unable to be utilized with communication partners who lack adequate visual acuity or functional literacy.
  - Cannot be used for telephone communications
- Low-tech communication: not viable for telephone or distance communications, or communicating with those who have reduced visual acuity or literacy issues; unable to gain others' attention due to lack of voice output.
- Gestures: not all messages are gesturable; not effective for telephone communications; UE dysfunction limits abilities.
- Facial Expressions: adequate for conveying basic feelings or emotions only; not suitable for telephone communications or complex messages.

44

AAC Report Writing: Comprehensive Assessment

- Hearing: "The patient possesses the hearing abilities to effectively use a SGD to communicate functionally".
  - Consider voice output, volume intensity, ability to hear natural speech.
  - Comment regarding any modifications necessary (hearing aids; assistive listening device).
- Vision: "The patient possesses the visual abilities to effectively use a SGD to communicate functionally".
  - Consider symbol/font size, # of symbols/display, contrast, visual field, spacing, screen/display size
- Physical Abilities: "The patient possesses the physical abilities to effectively use a SGD and required accessories to communicate functionally".
  - Comment regarding motor skills (UE, coordination); mobility; head/trunk control; access method.
- Language Abilities: receptive and expressive; formal language assessment outcomes.
- Cognitive Abilities: "The patient possesses the cognitive-linguistic abilities to effectively use a SGD to communicate and achieve functional communication goals when provided with the proper training and supports".
  - Comment regarding ability to learn; recall locations of key function vocabulary; ability to formulate messages.

45

AAC Report Writing: Functional Communication Needs

- Medical Needs: Obtain necessary medical care; participate in medical decision making; report medical status and physical complaints; ask/answer medical provider questions; report reactions to medications; discuss choices for end-of-life care.
- Physical Needs: Self-advocate; communicate in emergency situations; direct the behavior of caregivers.
- Social Needs: Carry out interactions in the community; use the telephone; participate in leisure activities; establish social closeness with peers and caregivers; participate in family decision-making; attend and participate in support groups.
- Vocational Needs: Ask/answer questions of co-workers and/or management; participate in work-related communication exchanges; communicate with consumers.

46

AAC Report Writing: Rationale for Device Selection

- "The patient requires a SGD with the following features in order to meet their functional communication goals".
- Access Method: Be specific. Must recommend most cost-effective AND accurate method. For eye gaze, have to rule-out all other options
- Display Organization: Dynamic, Fixed, Visual Scenes
- Message Representation: Picture symbols, tangible symbols (whole versus part), printed text
- Message Generation: Onscreen keyboard for spelling; core vocabulary; pre-stored messages (words, phrase and/or complete sentences)
- Rate Enhancement Techniques: word prediction; abbreviation expansion
- Voice Output: Synthesized, digitized, both.
- Other features: Consider battery time; portability (size, weight, carrying handle, built-in stand); mounting needs
  - Medicare typically only pays for 1 mounting system

47

Functional Communication Summary

- Communication Functional Statement: "The patient's functional communication needs in the areas of medical, physical, social and/or vocational cannot be fully met using natural communication techniques and/or light/no tech communication systems. Given the severity of his/her deficits, the patient's skills are not anticipated to improve to a degree to support his/her communication needs. An augmentative/alternative communication system is required to support his/her functional communication needs for the remainder of his/her lifetime."

48

AAC Report Writing: Recommendations

- SGD and Accessories: "The patient's ability to achieve his/her functional communication goals requires the acquisition and use of xxx device and xxx accessories. This SGD and accessories represent the most clinically and medically appropriate device for meeting the patient's medical, social and physical needs".
- Discuss family/caregiver participation, their agreement with the recommended SGD and accessories and that they will support the equipment and its use in daily communication.
- Statement of SLP financial independence: "The speech-language pathologist conducting this evaluation has no financial relationship, is not employed with nor will receive any financial gain from the supplier of this device".
- Indicate that the evaluation was forwarded to the treating MD for review and ordering of the recommended SGD and accessories.

49

AAC Report Writing: The Treatment Plan

- Consider the different AAC competencies and communication needs.
- Consider the nature of their underlying communication deficits.
- Incorporate family, caregivers and staff into the treatment plan.
- Resources:
  - TobiiDynavox

50

AAC Report Writing Resources

- AAC Report Coach: http://aacfundinghelp.com/report_coach.html
- AAC-RERC website: http://aac-rerc.psu.edu/index.php/pages/show/id/27
- TobiiDynavox website: https://www.tobiidynavox.com/en-US/funding-AAC/additional-resources/
- Prentke Romich website: https://www.prentrom.com/funding/resources-and-tools
- PrAACtical AAC website: http://praacticalaac.org/praactical/aac-assessment-forms/
- ASHA website: http://www.asha.org/uploadedFiles/AATSGD.pdf

51

Face to Face Visit Requirements

- Must be completed within 6 months prior to date on SGD script.
- Has to be included in office visit notes – cannot be a separate letter or note.
- Provide suggested verbiage to MDs
  - The pt. has a severe communication disorder and cannot meet their daily communication needs using their natural speech.
  - I have discussed the need for a communication device with the pt/family/caregivers and it is agreed that the pt. would benefit from a communication device.
  - This documentation serves as the face to face encounter.

52

AAC Vendors

- Prentke Romich: https://www.prentrom.com/
- Talk to Me Technologies: https://www.talktometechnologies.com/
- LC Technologies: www.eyegaze.com
- Forbes AAC: https://www.forbesaac.com/
- TobiiDynavox: www.tobiidynavox.com
- Lingraphica: www.aphasia.com
- Saltillo: www.saltillo.com
- Enabling Devices: www.enablingdevices.com
- Ablenet: https://www.ablenetinc.com/

53

THANK YOU!!

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54

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56