AAC Service Delivery Model[1]

AAC User Profiles (Buzolich, M.J. 2010)

Emergent Level: 5 hours annually for Consultation to the site team upon request
- Chronologically or developmentally young children who have had limited or no prior exposure to AAC/AT
- Method of access not yet determined
- Site for volitional control not yet established
- Sensory information may be questionable; requiring further testing
- Vocalizes to express affect
- No receptive/expressive gap
- Limited or no symbolic capacity
- Developmentally less than 12 months
- Choosing from a field of 2 objects

Entry Level (E2500, E2502)[2] : 20 hours annually for Consultation to the site team
- Demonstrate skills, which indicate readiness for aided communication systems.
- May use unaided and aided systems and strategies to try to communicate and compensate for their lack of speech.
- Demonstrates a discrepancy of at least 12 months between understanding and their ability to express themselves
- Consistent response to auditory-verbal input
- Able to represent language symbolically at the single word level (object, picture, symbol)
- Developing volitional control of a single switch (scanning up to 3 auditorally/visually presented choices) or
- Directly selecting from a field of up to 4-8 (objects, graphic symbols)

Intermediate Level (E2504, E2506): 40 hours annually for direct/indirect services
- Demonstrate a moderate level of ability or capacity to use aided systems of communication
- Selecting from 8-32 graphic symbols on each custom overlay/display
- Uses aided communication effectively and spontaneously to augment unaided communication across settings and partners.
- Use unaided communication to supplement aided system use.
- May have significant challenges (motor, linguistic, cognitive), which limit their ability to use advanced technologies.

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[1] ACTS Profiles was authored by Dr. Marilyn Buzolich (2010 rev.). Estimated AAC service needs for each profile was based on 35 years of clinical findings serving over 75 students per year in public school settings in California.
[2] E codes correspond to the Medicare category codes associated with each AAC profile.

- Demonstrates a receptive-expressive gap of more than one year
- Uses pre-selected, pre-stored vocabulary to meet the expressive demands of activities through the day
- Able to generate a few novel words to communicate a variety of communicative functions but has limited generative capabilities.
- Maintains interaction for several turns

Advanced Level (E2508, E2510) 10 hours monthly direct and indirect.
- Experienced system users
- Require high technology systems to communicate at a level commensurate with their language understanding.
- Able to use a large pre-stored vocabulary.
- Selecting from >32 graphic symbols
- Generates novel language within their expressive capacity.
- Uses a variety of strategies to generate novel language including text to speech, prediction, abbreviation expansion, single words,
- Able to use their systems to accomplish multiple communication functions (speak, write, email, phone)

What are AT/AAC Services?
PL 108-46 defines AT services as follows:

ASSISTIVE TECHNOLOGY SERVICE. —The term 'assistive technology service' means any service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device. Such term includes—
''(A) the evaluation of the needs of such child, including a functional evaluation of the child in the child's customary environment;
''(B) purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by such child;
''(C) selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;
''(D) coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;
''(E) training or technical assistance for such child, or, where appropriate, the family of such child; and
''(F) training or technical assistance for professionals (including individuals providing education and rehabilitation services), employers, or other individuals who provide services to, employ, or are otherwise substantially involved in the major life functions of such child.

For students who have AT, AT should be incorporated into their goals (e.g. Given a talking word processor, STUDENT will write....)

AT Direct/Indirect Clinical Services

(1) Provide training to the student to use the tool(s) & features of the tool(s) - once they have learned to use the tool(s) - the AT service may be indirect - provide support for staff (using the Implementation Plans as a way to make sure everyone on the team knows about the tools and how to use them and as a way to make sure that all tasks/environments are addressed; check in with the student to make sure it still meets their needs (the indirect service time frame is very individualized - based on the complexity of the student and the AT they are using).

(2) Train the staff/parents/other team members on the tools (how to use them, what they are used for...)

(3) Provide directions/samples/templates for how to customize apps/programs to meet the needs of the student. -determining if tools are customized to meet the students needs- e.g. settings/options need to be adjusted to address necessary/optimal access etc.

AAC Direct/Indirect Clinical Services

Based on the definition above it is <u>best to consider AAC services as both direct and indirect services</u> (vs Direct and Consult which is a model that relates to traditional speech/language services).

<u>What Specifically are the tasks involved in providing AAC Services to a student?</u>
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(1) Provide services to severely speech-impaired individuals requiring AAC/AT systems as specified in the Individual Service Agreement.
(2) Collect and analyze language and communication samples on an ongoing basis to monitor progress
(3) Complete progress reports for each client on a quarterly basis (10/30, 1/30, 4/30, 7/30 on SEIS.
(4) Document and maintain in record all client contacts. Include a brief summary of the issues, action plans, and dates for each client contact.
(5) Maintain records in electronic cumulative folder or binder which include
  (a) current IEP,
  (b) progress reports (in chronological order),
  (c) team meeting notes, and
  (d) documentation of child's communication system, vocabulary, displays, specifications for access, programming directions, etc.

(e)   document pertinent information about the child's technology, technical troubleshooting, and what to do if there are technical difficulties that cannot be solved.

(6) Develop Participation or Implementation Plans in conjunction with team members (formats available from ACTS) to enable AAC/AT system users to communicate in a variety of instructional and interactive contexts throughout the days using appropriate systems and strategies. The plan also defines the instructional and interactive strategies that the partners must use to support the child's use of AAC/AT.

(7) Provide ongoing customization of aided communication systems (low tech, lite tech, high tech) to meet the communication and instructional needs of the child throughout the day.

(8) Develop AT/AAC set-ups and activities for participation in the educational curriculum.

(9) Provide team members with written guidelines for tasks they need to perform independently to support the child's use of AT/AAC

(10) Monitor warrantees on the SGDs, send SGDs to manufacturer for repair, obtain loaner unit and transfer vocabulary backup files into the loaner unit so child is not without a system.

(11) Backup user vocabulary files on a monthly basis.

(12) Maintain an AAC Binder in the classroom to permit other team members to implement systems and strategies without the AAC specialist present. Electronic AAC Binders are also a consideration for teams that will use the information more readily if it is available on a smartphone, tablet or computer.

(13) Provide staff and parent training as needed to insure staff are able to implement the participation plans.

(14) Collaborate with team members (including parents).

(15) Communicate issues to team members in a written format, such as a communication notebook.

(16) Attend scheduled team meetings and IEPs.

(17) Keep team members informed of scheduling changes.

(18) Prepare in advance for IEPs:

(a)   Re-evaluate client as indicated.

(b)   Draft new IEP goals/objectives.

(c)   Write a comprehensive narrative summarizing progress and treatment.

(d)   Discuss levels of service recommended with team members in advance of the meeting.

(e)   Collaborate with other team members on the development of goals and objectives. Work with the site SLP in advance to make sure that the SLP's goals are distinctly different than the AAC/AT goals OR support the AAC/AT goals. Involve the site SLP as much as possible in the delivery of AAC/AT in the schools.

(f) Discuss possible equipment recommendations with team members in advance of the meeting.

Assessment Services

<u>Complete assessments within 50 days</u> of the signed assessment plan

(a) Evaluate in multiple environments in accordance with Model Policy for AAC Evaluations (Medicare/Medical Review Guidelines)

(b) Conduct *Communication Sampling and Analysis (https://csa.acts-at.com/)*.

(c) Administer modified formal and informal objective measures in the areas of language, communication, academic functioning, etc.

(d) Determine features and specifications needed in low, lite, and high technology communication systems.

(e) Identify a range of systems (3) that have the needed features and specifications for clinical trials.

(f) Recommend multimodality communication systems to include unaided, low tech, lite tech that can meet the child's needs in the interim and be used in combination with a high tech system when it is procured.

(g) Upload a draft report to the electronic IEP system (SEIS) to share with team members. HIPAA mandates that we do not share client information electronically unless you are using outgoing encrypted email service. Send a privacy-protected version to the family in advance of an IEP meeting preferably via snail mail.

(h) Bring 5 copies of the finalized report to the IEP to distribute to team

(i)   If extended or lengthy clinical trials are recommended recommend services necessary to complete the trials at the IEP meeting to review the AAC Evaluation. Make sure that additional hours are specified in the IEP to conduct clinical trials and complete the prescription and funding process.

(j) Pursue outside funding sources (private insurance, Medical, CCS, Medicare) and ask for assistance from ACTS office to assist in the funding process.