ASHA’s National Outcomes Measurement System (NOMS)

Clinician User Guide

SLP Healthcare

August 2021
# Table of Contents

**What Is NOMS?** ........................................................................................................... 3

**How Do I Submit NOMS Data?** .................................................................................. 3

- Create a New Record ....................................................................................................... 4
- Save an Incomplete Record ............................................................................................ 4
- Continue an Incomplete Record ..................................................................................... 5
- Submit a Completed Record ............................................................................................ 6
- View FCM and PRO Scores ............................................................................................. 8
- Edit and Delete a Record ................................................................................................. 9
  - Incomplete Records ....................................................................................................... 9
  - Complete Records ......................................................................................................... 9

**NOMS Data Collection** ............................................................................................... 10

- Who Should I Include in NOMS? .................................................................................... 11
- Admission Form .............................................................................................................. 11
- Add Measure Form (Optional) ......................................................................................... 14
- Discharge Form ............................................................................................................... 15

**Reporting Functional Status in NOMS** ..................................................................... 20

**Functional Communication Measures (FCMs)** .......................................................... 20

- FCM Scoring Guidelines and Procedures ........................................................................ 20
  - Swallowing and Feeding FCMs .................................................................................... 21
  - Cognition FCMs ........................................................................................................... 21
  - Speech FCMs ................................................................................................................ 22
  - Language and Communication FCMs .......................................................................... 22
  - Voice FCM .................................................................................................................... 23
  - Reading and Writing FCMs .......................................................................................... 23

**Interpreting the FCM Score** ........................................................................................ 24

**Patient-Reported Outcomes (PROs)** .......................................................................... 25

- The Eating Assessment Tool–10 (EAT-10) ................................................................... 26
- The Pediatric Eating Assessment Tool–10 (PEDI-EAT-10) ............................................ 26
- The Communicative Participation Item Bank (CPIB) – General Short Form .................. 26
- The ASHA Pediatric Communication Patient-Reported Outcome Measure .................... 26
- Neuro-QOL Cognitive Function Short Form .................................................................... 26
- Neuro-QOL Pediatric Cognitive Function Short Form ..................................................... 27
What Is NOMS?

The National Outcomes Measurement System (NOMS) is a national data collection and reporting registry that benchmarks the outcomes of individuals receiving audiology and speech-language pathology services across the health care continuum. In exchange for participation in NOMS, you will have access to online reports comparing your organization’s data with the national benchmarks.

The key to the NOMS Speech-Language Pathology Registry is the use of ASHA’s Functional Communication Measures (FCMs) and optional patient-reported outcome (PRO) measures. Based on an individual’s treatment plan/Individualized Education Program (IEP), you will choose FCMs and PROs and answer related questions at admission to and again at discharge from speech-language pathology services. The difference in the calculated FCM and PRO scores depicts the amount of change in communication and/or swallowing abilities after speech and language intervention.

To access the NOMS Data Collection and Reporting Tool, go to https://nomsregistry.asha.org/login

You can use the NOMS tool to:
- View your NOMS profile
- View your compliance issues
- Enter data (for web-based users only)
- View your outcomes reports

How Do I Submit NOMS Data?

Each organization indicates their preferred data collection method when they register for NOMS.

If your organization has chosen to submit data using the web-based NOMS tool, go to the website above, and log in with your ASHA website email and password.

If your organization has chosen to submit data via your electronic medical record (EMR), you should document your NOMS data in your EMR using the interface and procedures established by your organization.

If you have questions about how clinicians at your organization should submit NOMS data, please contact the NOMS subscriber for your organization or email NOMS@asha.org.
Create a New Record

Once you have logged in, click **Patient Records** in the left menu. Next, click the **Create New Record** button located at the top right corner of the page.

*Note: If you have been assigned multiple roles, you may need to use the “Switch Profile” button at the top of the page to switch to your Clinician role first. Only users who have been assigned multiple roles will see the “Switch Profile” button. If you are a subscriber and you do not see the “Switch Profile” button, then you need to assign yourself the clinician role first.*

If your organization has chosen to submit data from their electronic medical record (EMR), please enter the NOMS data into the appropriate area of the EMR. Those data will be transmitted to NOMS following the pre-determined schedule.

Save an Incomplete Record

If you start a new record but you are unable to complete it in one session, use the **Save & Exit** button to save the record.
You can also use the save feature if you discontinue an area of intervention, but the individual is still under your care. You should score the applicable FCM on the Discharge Form and save the form. Once the individual is discharged from speech-language pathology services, you can complete the remainder of the form and submit it.

When you save the record, the system will provide you with the NOMS record number, which you should record so you can locate this record again in the future.

**Continue an Incomplete Record**

After saving, the record will have a status of “Incomplete Admission” or “Incomplete Discharge.” You can resume working on the record by clicking **Continue**.
Submit a Completed Record

When you have responded to all required questions on the form, click **Submit** to submit the record. The record will now have a status of “Admitted” or “Discharged.”

When you admit, discharge, or add a measure via the web-based tool or via the NOMS app from within your EMR, the system will provide you with key information that you should save (see screenshot on the next page). You can copy the information to your computer’s clipboard to easily include it in the patient’s record.
RECORD SUBMITTED

This patient record has been submitted.

NOMS Patient Record Number: 100008

Please retain this number to complete subsequent forms for this individual.

**FCM Summary**

<table>
<thead>
<tr>
<th>Speech Intelligibility</th>
<th>Score: 67%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Swallowing</td>
<td>Score: 50%</td>
</tr>
</tbody>
</table>

**PRO Summary**

| Eating Assessment Tool (EAT-10) | Score: 11 |

The unique NOMS record number **must be used** on all subsequent data collection forms (e.g., the Discharge Form).

If you select a PRO and provide a response to all related questions, the system will calculate a PRO score when you submit the form.

The total FCM score expressed in percent functionality. Higher scores indicate greater functioning (e.g., 0-25% indicates severe limitations in functionality).

The **Copy to Clipboard** button makes it easy to save this key information for each submitted form.

For organizations that have integrated NOMS into their EMR, you will receive this key information in the results file upon discharge.

*Note: If an individual has been discharged from treatment and NOMS, this same assigned record number should be used if they are re-admitted into NOMS at another level of care in your facility or if treatment is re-initiated at a later time and at the same level of care within your facility.*
View FCM and PRO Scores

When you submit a completed form, the system will provide you with the FCM and PRO scores in a pop-up modal as shown on the previous page. If you need to reference these scores again, you can retrieve them at any time by viewing the form details page.

First, click **Patient Records** in the left menu. Locate the desired patient record in the list and click on the **Record ID** to navigate to the patient record details page (see screenshot below).

On the patient record details page, locate the desired form. Click **View**.
On the form details page, you can view all responses that were provided for each question on the form. Scroll down to the bottom of the page to view the FCM and PRO scores (if applicable).

<table>
<thead>
<tr>
<th>SCORES</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCM SCORES</td>
</tr>
<tr>
<td>Cognition: 38%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PRO SCORES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicative Participation Item Bank (CPIB): 60.6</td>
</tr>
</tbody>
</table>

**Edit and Delete a Record**

**Incomplete Records**

You can edit and delete records with a status of “Incomplete Admission” or “Incomplete Discharge.”

Click **Patient Records** on the left menu. Click on the **Record ID** for the desired patient record. You will be taken to the **Patient Record Details** page. Click **Continue** to edit the incomplete form. Click **Delete** to delete the incomplete form.

**Complete Records**

If you need to edit or delete a record that has been submitted (i.e., has a status of “Admitted” or “Discharged”), please submit a request to **NOMS@asha.org**, and include the NOMS patient record number.
NOMS Data Collection

You will enter an eligible individual into NOMS at a *minimum of two points of care* within a specific treatment setting:

1. **Admission**
   You should admit an individual into NOMS either
   - upon completion of the evaluation and prior to the initiation of speech and language treatment
   - OR
   - once they reach 3 years of age, even if they have received prior speech-language pathology treatment.

2. **Discharge**
   You should discharge an individual from NOMS if either of the following is true.
   - The individual is no longer receiving speech-language pathology services at the current level of care.
   - The individual receives speech-language pathology services for more than 1 year.

   *Note:* You should discharge the individual at each 1-year interval and re-admit them back into NOMS if speech-language pathology services will continue. Use “Annual NOMS Update” as the reason for discharge. If you use the web-based data collection tool or the NOMS app from within your electronic medical record (EMR): After you select “Annual NOMS update,” the system will automatically generate a new Admission Form for the individual—with many responses pre-populated for you to review and submit.

   - The individual has a change in medical condition that significantly impacts current communication and/or swallowing abilities (e.g., subsequent stroke) and current plan of care.

   *Note:* You should discharge the individual from NOMS even if they remain at that same level of care and re-admit them back into NOMS with the new plan of care. Use “Change in Medical Condition” as the reason for discharge.

**NOMS Data Tip:** You must discharge and re-admit an individual if they enter another level of care. However, it is not necessary to discharge and re-admit the patient as a result of a change in clinician during an individual’s intervention program in the same treatment setting.
Who Should I Include in NOMS?

You should include in NOMS all eligible individuals receiving speech-language pathology intervention. Do not limit data collection to a specific population (e.g., individuals with Medicare as the primary source of funding, individuals treated for dysphagia only).

*Eligible* patients meet the following criteria:
- Individuals who are 3 years of age or older.
- Individuals with an established treatment plan who are receiving at least 1 treatment session.
- Individuals receiving speech-language pathology intervention at any level of care (e.g., acute, inpatient, school).

*Ineligible* patients include the following:
- Individuals who are seen for evaluation only.
- Individuals under 3 years of age. You may enter these individuals into NOMS after they turn 3 years of age.

Admission Form

The following data elements and descriptions apply to the NOMS Admission Form.

**Age**

Enter the patient’s age at admission. Patients must be 3 years of age or older. If you enter an age over 89, the age will default to “90+ years.”

**Gender Identity**

Select the individual’s gender identity.

**Race and Ethnicity**

Select the racial and ethnic background of the patient. You can select multiple categories. Consult records that identify the individual’s selection, or enter “Unknown.”
**Current Treatment Setting**

Select the appropriate treatment setting from the following options (see table below).

<table>
<thead>
<tr>
<th>Treatment Setting</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute hospital</td>
<td>Acute-care medical facility or general hospital.</td>
</tr>
<tr>
<td>Inpatient rehab</td>
<td>Rehabilitation hospital or unit in acute-care hospital used to support intensive, interdisciplinary rehabilitation. Individuals receive 3 or more hours of daily therapy up to 7 days a week, as appropriate.</td>
</tr>
<tr>
<td>Home health or home-based care</td>
<td>Services in the individual’s home, including assisted living.</td>
</tr>
<tr>
<td>Long-term acute-care hospital</td>
<td>Designated setting or hospital for skilled, inpatient care for those with complex medical needs who require extended hospitalization.</td>
</tr>
<tr>
<td>Long-term specialty residential program</td>
<td>For individuals with severe or multiple disabilities.</td>
</tr>
<tr>
<td>Outpatient/office-based</td>
<td>Community-based clinic, private practice, day treatment program, or a hospital or medical facility that does not require an overnight stay.</td>
</tr>
<tr>
<td>School</td>
<td>Any public or private preschool or school.</td>
</tr>
<tr>
<td>Skilled nursing facility</td>
<td>Intermediate- or extended-care unit/facility—either hospital-based or located in a long-term care facility—whose residents need skilled nursing care 24 hours a day. Also referred to as <em>nursing home, geriatric care facility, or long-term care</em>.</td>
</tr>
<tr>
<td>Subacute</td>
<td>Coordinated inpatient care provided by an interdisciplinary team that is more intensive (usually 1–3 hours of treatment per week) than the care typically received in skilled nursing facilities but less intensive than services in acute care.</td>
</tr>
</tbody>
</table>
Medical Diagnoses Associated With Communication or Swallowing Impairment

Enter the ICD-10 code(s) that correspond to the primary and secondary (if applicable) medical diagnoses associated with the speech-language pathology treatment. To locate a code, type the name of the diagnosis or enter the alphanumeric value. You may enter up to 25 codes.

Time Since Onset

Select the range that describes the time post onset/exacerbation of the primary medical diagnosis associated with the communication and/or swallowing disorder. For non-acquired or developmental conditions, select “not applicable.”

Speech-Language Pathology Diagnoses/Conditions

Select all communication and/or swallowing disorder(s) that the individual exhibits, even if you are not addressing all of them in treatment.

Hearing Loss

If the person has a hearing loss at the time of admission to NOMS, indicate whether the diagnosis is confirmed, suspected, or unknown.

Cognitive or Intellectual Disability

If the person has a cognitive or intellectual disability at the time of admission to NOMS, indicate whether the diagnosis is confirmed, suspected, or unknown.

Functional Communication Measures (FCMs)

Select and score all FCMs that you are targeting as part of the individual’s treatment plan. Rate performance based on the current level of function at admission. Based on the individual’s age, only certain FCMs will be available.

Review detailed FCM scoring guidelines below.

Patient-Reported Outcomes (PROs)

Select and score one or more of the optional PRO measures. Based on the individual’s age, only certain PROs will be available for scoring, and some individuals may not have a PRO.

Review the complete descriptions, detailed scoring guidelines, and interpretation of scoring results in the PRO section below.
Add Measure Form (Optional)

You can use the optional Add Measure Form to add FCMs and PROs throughout the course of intervention to reflect a new area of intervention. You can also use the Add Measure Form to add a FCM or PRO that you may have forgotten to include on the Admission Form.

To add a new measure, click the Add Measure button for the desired record.

On the add measure form, you can toggle between the FCM and PRO tabs to add a new FCM or PRO.
Discharge Form

The following data elements and descriptions apply to the NOMS Discharge Form.

Functional Communication Measures (FCMs)

Score all FCM(s) that you selected at admission based on level of function at discharge. Review detailed FCM scoring guidelines below.

Counseling for Safety

Indicate whether the individual or caregiver received counseling during treatment. This question will only appear if you use the Cognition and/or Swallowing FCMs.

Primary FCM Service Delivery Model

<table>
<thead>
<tr>
<th>Service Delivery Model</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>Majority of treatment was provided on a one-to-one basis.</td>
</tr>
<tr>
<td>Group</td>
<td>Majority of treatment was provided with other individuals who are working on common goals, skill development, or functional area.</td>
</tr>
<tr>
<td>Training/consultation</td>
<td>Majority of treatment focused on patient or caregiver education, development/modification of home program, or periodic monitoring and did not directly work on goals or skill development.</td>
</tr>
<tr>
<td>Self-contained classroom</td>
<td>The SLP was the classroom teacher responsible for providing the academic instruction and intensive speech and language remediation.</td>
</tr>
<tr>
<td>Classroom-based</td>
<td>Team teaching or direct services were provided to the individual within a classroom or other natural environments. Also referred to as integrated services, curriculum-based, interdisciplinary, or inclusive programming.</td>
</tr>
</tbody>
</table>

FCM Goal Met

Indicate if the individual met their treatment goals for each FCM.

FCM Home Program

Indicate if the clinician established and the individual completed a structured home program for each FCM.
FCM Treatment Targets

Select optional treatment targets that best describe what you addressed during the episode of care. Treatment targets [PDF] are currently available for adults who have been scored on one or more of the following FCMs:

- Swallowing FCM
- Cognition FCM
- Speech Intelligibility FCM
- Spoken Language Expression FCM
- Spoken Language Comprehension FCM
- Voice FCM

FCM Treatment Time

Indicate the percentage of treatment time devoted to each selected FCM during the episode of care. The percentage of treatment time across all FCMs must total 100%.

Example 1: I worked with my patient on Fluency and Pediatric Reading Comprehension over 10 sessions each lasting 1 hour. For 3 of those sessions, we spent the entire time working on Fluency and for the remaining 7 sessions, we spent the entire time working on Pediatric Reading Comprehension. My response to the percentage treatment time question for this patient would be 30% for Fluency and 70% for Pediatric Reading Comprehension.

Example 2: I worked with my patient on Cognition and Writing over 5 sessions each lasting 1 hour. During each session, we spent about 15 minutes working Writing and about 45 minutes working on Cognition. My response to the percentage treatment time question for this patient would be 25% for Writing and 75% for Cognition.

Patient-Reported Outcomes (PROs)

Enter the optional PRO and satisfaction measures. Based on the individual’s age, only certain PROs will be available for scoring, and some individuals may not have a PRO. Review the complete descriptions, detailed scoring guidelines, and interpretation of scoring results in the PRO section below.
Primary Reason for Discharge

<table>
<thead>
<tr>
<th>Reason for Discharge</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>SLP services no longer warranted at this level of care</td>
<td>Treatment plan for this level of care has been met and speech-language pathology services are no longer warranted at this level of care.</td>
</tr>
<tr>
<td>Discharged to another level of care prior to completion of SLP treatment plan</td>
<td>Individual has been discharged to another level of care prior to completion of speech-language pathology treatment plan.</td>
</tr>
<tr>
<td>Progress plateaued</td>
<td>Goals are not met, but individual is no longer making progress and does not appear to benefit from continued speech-language pathology treatment.</td>
</tr>
<tr>
<td>Change in medical condition</td>
<td>Individual has experienced a decline in current communication and/or swallowing abilities due to medical reasons. This generally requires a change in the existing treatment plan.</td>
</tr>
<tr>
<td>Insurance/financial reasons</td>
<td>Individual’s health insurance or funding source has been exhausted.</td>
</tr>
<tr>
<td>Requested by individual/family</td>
<td>Goals are not met, but treatment is discontinued upon request by the individual or their family (e.g., for reasons of transportation).</td>
</tr>
<tr>
<td>Non-compliant with treatment plan</td>
<td>Goals are not met, but individual is not compliant with treatment program.</td>
</tr>
</tbody>
</table>
| Annual NOMS update | Individual has been in treatment for more than 1 year. Discharge and re-admit back into NOMS if the individual will still be receiving services.  

*Note: If you use the web-based data collection tool or the NOMS app from within your EMR: After selecting “Annual NOMS update,” the system will automatically generate a new admission form for the individual—with many responses pre-populated for you to review and submit.*

Discharge Setting

Select the setting to which the individual is transitioning.

Continued SLP Services

Indicate if continued speech-language pathology services are recommended.
## Primary Funding Providing Majority of Reimbursement

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHIP</td>
<td>Children’s Health Insurance Program (CHIP) is a state-based funding program that acts as either a Medicaid expansion program or a separate program that provides coverage to low-income or uninsured children.</td>
</tr>
<tr>
<td>IDEA/Educational Funding</td>
<td>Funding that is provided through an individualized education program (IEP) based on federal law (the Individuals with Disabilities Education Act [IDEA]) requiring free appropriate public education to school-aged students with disabilities, from 3 years of age to high school graduation.</td>
</tr>
<tr>
<td>Medicare Part A</td>
<td>Government-assisted hospital insurance that covers inpatient care and services provided in skilled nursing facilities, hospices, and home health care.</td>
</tr>
<tr>
<td>Medicare Part B</td>
<td>Government-assisted insurance that covers outpatient care and some home health care.</td>
</tr>
<tr>
<td>Medicare Part C/advantage</td>
<td>Private insurance companies that contract with Medicare to offer insurance coverage under Medicare Part A (hospital insurance) and Medicare Part B (medical insurance).</td>
</tr>
<tr>
<td>Medicaid (fee-for-service)</td>
<td>Government-assisted payment model where services are unbundled and paid for separately.</td>
</tr>
<tr>
<td>Medicaid (managed care)</td>
<td>A network of managed care organizations (MCOs) that have entered a contract or subcontract with the state Medicaid agency to offer benefits and services.</td>
</tr>
<tr>
<td>Organization-sponsored assistance</td>
<td>Funding provided by an outside organization other than a private health insurance company (e.g., Easterseals, Veterans Health Administration [VA], Scottish Rite).</td>
</tr>
<tr>
<td>Private health plan</td>
<td>Funding provided by entities other than the government.</td>
</tr>
<tr>
<td>Tricare</td>
<td>Health care program for uniformed service members, retirees, and their families around the world.</td>
</tr>
<tr>
<td>Workman’s compensation</td>
<td>Business insurance administered by the U. S. Department of Labor that provides benefits to employees who suffer work-related injuries or illnesses.</td>
</tr>
<tr>
<td>Self-pay</td>
<td>Individual or responsible party pays the full amount.</td>
</tr>
</tbody>
</table>
Days in Treatment
Indicate the total number of calendar days the individual received treatment during the episode of care.

Example: If a patient received treatment two times per week for exactly 2 months, then the length of stay would be 60 days.

Number of Individual Sessions
Indicate the total number of individual sessions during the episode of care. If none, enter “0.”

Note: An individual must receive at least one treatment session (either individual or group) to be included in NOMS.

Number of Group Sessions
Indicate total number of group sessions during the episode of care. If none, enter “0.”

Note: An individual must receive at least one treatment session (either individual or group) to be included in NOMS.

Telepractice Services
Indicate whether any services were delivered via telepractice.

Sessions per Week
Indicate how many times a week the individual typically received treatment.

Average Length of Session
Indicate the average length of a typical treatment session.

Average Group Size
If the individual received group treatment, indicate the average size of treatment group.
Reporting Functional Status in NOMS

For each individual entered into NOMS, you will report pre- and post-functional status using the required clinician-reported Functional Communication Measures (FCMs) and optional Patient-Reported Outcome Measures (PROs).

When you admit and discharge a record in NOMS, the system will provide you with the calculated FCM and PRO scores.

Functional Communication Measures (FCMs)

The FCMs [PDF] are a series of domain-specific measures used to describe an individual’s functional abilities over the course of speech-language pathology intervention in a given level of care. Each FCM domain contains a series of questions that asks you to rate how often the individual

- exhibits a particular problem;
- completes a functional task;
- performs based on level of demand; and/or
- needs supervision or assistance (in excess of chronological age expectations).

Responses for each FCM question are based on your assessment of how the individual functions independently without support provided by another individual. However, functional performance may include the use of strategies or accommodations that the individual self-initiates.

FCM Scoring Guidelines and Procedures

At admission and discharge from speech-language pathology treatment, you will report on each individual’s functional status using at least one FCM. You should score all areas being addressed in your individualized treatment plan. That is, you should score all FCMs that specifically relate to the individual’s goals (typically, one to four FCMs per individual).

When scoring the FCMs, carefully review the instructions, notes, and key terms and consider what the individual can do functionally in terms of the following:

- Without additional assistance from another individual

  Note: The use of self-initiated strategies or accommodations should not be considered additional assistance.

- Based on chronological age expectations
The FCMs are not dependent upon the administration of any particular formal or informal assessment measure.

The following is a list of the scoring guidelines and key concepts for the 18 FCMs [PDF], some of which are dependent upon the individual’s age.

**Swallowing and Feeding FCMs**

**Swallowing (all ages)**

- Use for individuals whose primary concern is risk for aspiration or swallowing safety due to oral pharyngeal dysphagia.
- Swallowing safety for solids and liquid levels is based on the IDDSI Framework.

**Feeding (all ages)**

- Use for individuals who exhibit behavioral or sensory-based feeding issues with or without a swallowing disorder.

**Cognition FCMs**

**Cognition (separate FCMs for ages 3–5 and 6+)**

- Use for individuals who exhibit difficulties in memory, attention, and problem solving.
- Consider chronological age expectations and all cognitive domains when rating an individual.

---

**NOMS Data Tip:** Consider scoring both the Swallowing and the Feeding FCMs if an individual’s feeding issues affect the safety of their swallow.

**Note:** Dietary levels should be judged only on swallow function, and any influence of poor dentition should be disregarded.
Speech FCMs

Speech Intelligibility (all ages)
- Use for all individuals with intelligibility difficulties (e.g., dysarthria, speech sound disorders, apraxia).
- Consider listener familiarity, context, and length of utterance.
- Please note that for the Speech Intelligibility FCM, the scale is reversed for the first question only. For example, a score of 0-25% indicates the highest functioning for the first question only.

Fluency (all ages)
- Use for individuals with developmental or acquired fluency disorders.
- Consider performance during typical and high-stress situations (i.e., those the individual identifies as most problematic).

Language and Communication FCMs
Consider chronological age expectations AND performance in low- and high-demand situations.
- Low-demand situations involve interactive situations where demands or rules are reduced (e.g., familiar setting, familiar conversation partner, known context).
- High-demand situations involve interactive situations that provide minimal support and have inherently more demands or rules to follow (e.g., unfamiliar conversational partner or setting, unknown contexts, group conversations and activities).

Spoken Language Comprehension (separate FCMs for ages 3–5 and 6+)
- Use for individuals with auditory comprehension treatment goals.

Spoken Language Expression (separate FCMs for ages 3–5 and 6+)
- Use for individuals with verbal expression treatment goals.
- Consider language form and content.
- Please note that for the Spoken Language Expression 6+ FCM, the scale is reversed for the first question only. For example, a score of 0-25% indicates the highest functioning for the first question only.

NOMS Data Tip: Consider using the Multi-Modal Functional Communication FCM as well as the Spoken Language Expression FCM if the individual is working on other aspects of expressive language (e.g., gestures, AAC).
Multi-Modal Functional Communication (all ages)

- Use for individuals working on nonverbal communication (e.g., gestures, augmentative and alternative communication [AAC]) or a combination of communication modalities, including speech.

Pragmatics (separate FCMs for ages 3–5 and 6+)

- Use for individuals working on verbal and/or nonverbal pragmatic language skills.

Voice FCM

Consider performance in low- and high-demand activities.

- Low-demand activities include utterances produced in a relatively quiet environment or short responses that do not require talking over an extended period of time.
- High-demand activities include utterances that require talking over extended periods of time (e.g., lengthy recitation), talking in noisy environments, or controlling the voice over a wide pitch range (e.g., singing).

Voice (all ages)

- Use for individuals working on voice quality, pitch, or loudness due to organic or functional voice disorder.
- Use for individuals who have undergone tracheostomy tube placement as a result of a temporary or stable medical condition and who are considered candidates for oral communication.
- Please note that for the Voice FCM, the scale is reversed for the first question only. For example, a score of 0-25% indicates the highest functioning for the first question only.

Reading and Writing FCMs

Emergent Literacy (all ages)

- Use for individuals working on the skills, knowledge, and attitudes that are developmental precursors to reading and writing.

Note: Do not use the Emergent Literacy FCM with any other literacy-based FCM (e.g., Pediatric Reading Comprehension, Writing).

Functional Reading (all ages)

- Use for individuals working on functional reading skills.
- The Functional Reading FCM is typically used with individuals with acquired conditions or developmental disabilities.

Note: Do not use the Functional Reading FCM and the Emergent Literacy FCM at the same time.
Pediatric Reading Comprehension (ages 6+)

- Use for children working on reading comprehension skills.
- The Pediatric Reading Comprehension FCM is typically used with children with developmental reading disorders.
- When scoring the Pediatric Reading Comprehension FCM, the clinician assumes that the individual has adequate emergent literacy skills.

*Note:* Do not use the Pediatric Reading Comprehension FCM and the Emergent Literacy FCM at the same time.

Writing (ages 6+)

- Use when working with individuals on writing skills.
- Consider spelling, punctuation, capitalization, and morphosyntactic structures AS WELL AS performance in low- and high-demand situations.

*Note:* Do not consider motoric limitations when scoring the Writing FCM.

Interpreting the FCM Score

When you submit the admission, add measure, or discharge form, the NOMS system will calculate a total FCM score for each FCM that you selected.

The total FCM score is expressed in percent functionality. A higher score indicates greater functioning, and a lower score indicates lower functioning (e.g., 0-25% indicates severe limitations in functionality).
Patient-Reported Outcomes (PROs)

In contrast to the clinician-reported measures (i.e., FCMs), PROs directly assess how the individual feels about their communication, cognition, and/or swallowing abilities before and after treatment. You will have the option to submit PROs completed by the individual or their proxy at admission and discharge. The number of available PROs is dependent upon the individual’s age.

You can access printable versions of the PROs from your clinician dashboard in the NOMS web tool or by viewing the forms on the ASHA website.

**NOMS Data Tip:** Each PRO has two versions – one to be completed at admission and the other at discharge. The discharge version of each PRO has additional questions related to treatment satisfaction.

The following is a list of the six optional PROs available in NOMS, the applicable age range, the FCM(s) that are typically scored with each, and any scoring and interpretation notes.
The Eating Assessment Tool–10 (EAT-10)

<table>
<thead>
<tr>
<th>Age Range: 18+ years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicable FCMs: Swallowing</td>
</tr>
<tr>
<td>Scoring and Interpretation:</td>
</tr>
<tr>
<td>• Total scores are displayed and range from 0 to 40.</td>
</tr>
<tr>
<td>• Lower scores reflect better self-assessed performance.</td>
</tr>
</tbody>
</table>

The Pediatric Eating Assessment Tool–10 (PEDI-EAT-10)

<table>
<thead>
<tr>
<th>Age Range: 3–17 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicable FCMs: Swallowing</td>
</tr>
<tr>
<td>Scoring and Interpretation:</td>
</tr>
<tr>
<td>• Total scores are displayed and range from 0 to 40.</td>
</tr>
<tr>
<td>• Lower scores reflect better self-assessed performance.</td>
</tr>
</tbody>
</table>

The Communicative Participation Item Bank (CPIB) – General Short Form

<table>
<thead>
<tr>
<th>Age Range: 18+ years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicable FCMs: Fluency, Voice, Speech Intelligibility, Pragmatics, Spoken Language Comprehension, Spoken Language Expression, and/or Multi-Modal Functional Communication</td>
</tr>
<tr>
<td>Scoring and Interpretation:</td>
</tr>
<tr>
<td>• t-scores are displayed and range from 24.2 to 71.0, with a mean of 50 and a standard deviation of 10.</td>
</tr>
<tr>
<td>• Higher scores reflect better self-assessed performance.</td>
</tr>
</tbody>
</table>

The ASHA Pediatric Communication Patient-Reported Outcome Measure

<table>
<thead>
<tr>
<th>Age Range: 3–17 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicable FCMs: Fluency, Voice, Speech Intelligibility, Pragmatics, Spoken Language Comprehension, Spoken Language Expression, and/or Multi-Modal Functional Communication</td>
</tr>
<tr>
<td>Scoring and Interpretation:</td>
</tr>
<tr>
<td>• Total scores are displayed and range from 10 to 50.</td>
</tr>
<tr>
<td>• Higher scores reflect better self-assessed performance.</td>
</tr>
</tbody>
</table>

Neuro-QOL Cognitive Function Short Form

<table>
<thead>
<tr>
<th>Age Range: 18+ years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicable FCMs: Cognition</td>
</tr>
<tr>
<td>Scoring and Interpretation:</td>
</tr>
<tr>
<td>• t-scores are displayed and range from 17.3 to 64.2, with a mean of 50 and a standard deviation of 10.</td>
</tr>
<tr>
<td>• Higher scores reflect better self-assessed performance.</td>
</tr>
</tbody>
</table>
**Neuro-QOL Pediatric Cognitive Function Short Form**

**Age Range:** 8–17 years  
**Applicable FCMs:** Cognition  
**Scoring and Interpretation:**
- t-scores are displayed and range from 21.4 to 64.5, with a mean of 50 and a standard deviation of 10.  
- Higher scores reflect better self-assessed performance.