Communication Services for Individuals with Severe Disabilities: FAQs and Discussion

Symposium Presented at the Annual Conference of the American Speech-Language Hearing Association, November, 2010, Philadelphia PA

National Joint Committee for the Communication Needs of Persons with Severe Disabilities
Introduction and Overview of the NJC
What is the National Joint Committee for the Communication Needs of Persons with Severe Disabilities (NJC)?

• Formed in 1986 by ASHA and TASH

• Mission Statement
  – To advocate for individuals with significant communication support needs resulting from intellectual disability, that may coexist with autism, sensory and/or motor limitations.
    • research
    • policy
    • practice
    • education
Current Member Organizations

- American Association on Intellectual and Developmental Disabilities (AAIDD)
- American Occupational Therapy Association (AOTA)
- American Physical Therapy Association (APTA)
- American Speech-Language-Hearing Association (ASHA)
- Association of Assistive Technology Act Programs (ATAP)
- Council for Exceptional Children (CEC), Division for Communicative Disabilities and Deafness (DCDD)
- RESNA
- TASH
- United States Society for Augmentative and Alternative Communication (USSAAC)
NJC Website: www.asha.org/njc

We’re also on Facebook:
search the term
National Joint Committee
NJC Papers and Resources

• Guidelines for Service Delivery – 1992
NJCM Papers and Resources

- Communication Bill of Rights – 1992
NJC Papers and Resources

- Communication Supports Checklist – 1998 (Baltimore: Brookes)
NJC Papers and Resources

• New! The NJC MYEP! What is it?

McLean-Yoder Exemplary Practice Award
NJC Papers and Resources


Published related articles in RPSD and Exceptional Parent
NJC Papers and Resources

September 2010:

Twenty Years of Communication Intervention Research With Individuals Who Have Severe Intellectual and Developmental Disabilities

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Abstract
This literature review was conducted to evaluate the current state of evidence supporting communication interventions for individuals with severe intellectual and developmental disabilities. We reviewed 116 articles published between 1987 and 2007 in refereed journals meeting three criteria: (a) described a communication intervention, (b) involved one or more participants with severe intellectual and developmental disabilities, and (c) addressed one or more areas of communication performance. Many researchers failed to report treatment fidelity or to assess basic aspects of intervention effects, including generalization, maintenance, and social validity. The evidence reviewed indicates that 96% of the studies reported positive changes in some aspects of communication. These findings support the provision of communication intervention to persons with severe intellectual and developmental disabilities. Gaps in the research were reported as recommendations for future research.

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NJC Conference: Spring, 2011

• NJC is hosting its first conference...
Other NJC Resources

• ASHA videoconference on *Quality Indicators: Programs Serving People with Severe Communication Impairments* (2000) and ASHA Telephone Seminar (2003), *Service eligibility of children and adults with severe disabilities*

• Presentations at annual conferences by each member organization

• *Frequently Asked Questions*: An interactive web link for information about communication services and supports for individuals with severe disabilities
  
  http://www.asha.org/NJC/faqs-njc.htm
Communication Services and Supports for Individuals With Severe Disabilities: FAQs

These frequently asked questions (FAQs) are for consumers and professionals. The FAQs have information about communication services and supports for individuals with severe disabilities related to communication development, funding for service delivery, eligibility policies, AAC, IDEA services, interdisciplinary teams, literacy, and specific disabilities and approaches.

Follow links below to browse either the general category or specific questions and responses, which include a brief answer to the question, more detailed information for those wanting a more in depth response, references, and additional resources.

Use this form to share feedback and suggestions for additional questions.

Communication Development and Concerns

- Can all children learn to communicate?
- What should we do if an individual does not communicate with signs or pictures?
- What are functional communication skills?
- Is it necessary or appropriate to begin communication services or “speech therapy” for a child younger than 2 years old?
- What is the individual’s speech and communication?
- When I believe that an individual is using problem behavior to communicate, should I ignore it or respond to it as communication?
- What should we do if a child demonstrates communication skills at home, but doesn’t use those skills at school?
- What is “evidence-based practice” and how do I determine if a communication intervention is evidence-based?
- Are yes/no questions a good way to start teaching someone to communicate?
- If we are concerned to provide effective communication services and support, what is that supposed to
FAQ organization

• The FAQs have grown and changed since we first implemented them

• On the website, the FAQs are organized into categories that are well suited to presentation in a linear or text-based format.

• Here, we present the very same set of materials but in a slightly different format better suited to this interactive context.
Session organization

• Describe the FAQs and their relationship

• Detailed examples of the FAQs from each category

• Solicit questions from audience – questions that have arisen in your practices
  – Notecards being handed out
  – Collection of notecards near the end of the discussion.
Accessing services: Assessment and Eligibility

- Types of services available
- Assessment of severe ID
- Lack of services/resources
- Eligibility (age, cognition)
- Length of service/termination
- Teaming
- Development
- Literacy
- Cultural issues
- Behavior management
- Special populations
- Peers in intervention
  - Intervention strategies
  - Treatment types

Funding issues in service delivery

- Need/qualification
- Communication services
- Medicare/Medicaid

Intervention practices
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<th>Questions</th>
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<td>Assessment of severe ID</td>
<td>- What tools could be recommended for assessing a student with mental retardation or autism spectrum disorder who is low verbal?</td>
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<td>- How do you provide services if your district does not have enough personnel with appropriate training or experience to serve students with severe disabilities?</td>
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<td>- What if my child is not learning because the SLP does not have the skills to teach my child?</td>
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<td>- Is it too late to do communication training after age 22?</td>
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<td>- Is it necessary or appropriate to begin communication services for a child younger than 2 years old?</td>
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<td>Age and eligibility</td>
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<td>- Should I terminate services if the individual has made no progress in the past?</td>
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<td>Teaming</td>
<td>- Who are members of an interdisciplinary team? What is their role? What does an SLP do?</td>
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<td>- How can I help providers understand my child and encourage communication, as s/he transitions to new classes at the beginning of the school year?</td>
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<td>- Some professionals from other disciplines are making recommendations about AAC and SGD. Is this ok?</td>
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Is it too late to begin communication training after age 22?

• **Issue:** Short Answer: NO!
• **Key point #1:** Transitions to new work and living environments in adulthood likely to create need for communication services
  – to support development of communication forms and functions appropriate to new settings
  – to educate new communication partners about individual’s communication forms and support needs

• **more**
Is it too late to begin communication training after age 22?

- **Key point #2**: Even if records indicate an adult “did not benefit” in earlier years, this does not indicate inability to benefit from services in adulthood, because:
  - Research has documented continued development of communication/language skills through young adult years
  - New approaches to intervention and advances in AAC technology offer greater chance of success

- **Bottom Line**: Communication is a lifelong activity of value to people of all ages; intervention to facilitate effective communication is warranted for all ages
Isn't it too late to do communication training after age 22 years?

No. Research has shown that many individuals with significant disabilities continue to develop their communication and language skills throughout their young adult years. In addition, as adults move into new living or working environments, they often need communication services to adapt their communication to the needs of the new setting. For example, they may need new words added to their communication device, or may need to learn how to communicate new functions or meanings. Another important outcome for communication services provided to adults is to assure that their new communication partners (co-workers, job coaches, support personnel) can understand and communicate effectively with the individual who uses non-conventional or non-spoken communication.

Although records may indicate that an adult "did not benefit" from communication services provided when s/he was younger, it may not be too late to provide these services. A number of these adults may continue to improve their communication abilities while still in adolescence.

Communications should be planned for the current needs of the individual, and move into new environments as the individual's abilities and needs change. Communication services, which include communication training or instruction, may be appropriate at any age. Adults with severe disabilities may benefit from communication training to improve their ability to communicate.

Research showing continued communication development in adolescence and adulthood


Research documenting measurable gains from communication services provided to older individuals with severe disabilities


For more information, read the NJ Coalition for Citizens with Disabilities, Inc. (1993). Searchable database of resources for individuals with severe disabilities, include

Some professionals from other disciplines are making recommendations about AAC and SGDs. Is that OK?

• **Issue**: shortage of SLP’s with expertise in AAC
  – What expertise is helpful?

• **Issue**: Team models

• **Issue**: Scope of practice

• Examples from the field

• **Bottom Line**: Who is in the best position to make the most knowledgeable recommendation for a given student/client?
What this FAQ answer looks like on the web:

There is a general shortage of speech-language pathologists (SLPs) in my area; in particular, there are very few SLPs who are familiar with augmentative and alternative communication (AAC) and serve clients with severe disabilities. Recommendations about AAC and SGD selection are not always available from other disciplines, such as psychology, occupational therapy, and physical therapy.

This question involves the issues of team composition (i.e., who can deliver the team to provide service) and the scope of practice (i.e., what the professionals can provide). Team membership among team professionals must always be considered. Development of AAC interventions requires expertise in communication development, disorders, evidence-based practice, and how to best match a client’s communication skills to the features of different SGDs. Although by nature of their training SLPs are often the individuals with the greatest expertise in these areas, professionals from other disciplines (e.g., psychologists, occupational and physical therapists, assistive technology experts, and special educators) may have extensive knowledge in these areas as well. Even when the SLP is the primary provider, his or her recommendations for implementing intervention never occur without input from and collaboration with other members of the team. As noted in the technical report on AAC published by ASHA (2004, p. 9), "The SLP must acknowledge the need for expertise from other service providers who may include, but certainly not be limited to, physician, occupational therapist, physical therapist, vision specialist, rehabilitative engineer, teacher, psychologist, behavior consultant, and social worker. No less significant is input from parents, spouses, employers, and significant others."

There are a number of appropriate roles for team members. For instance, parents or caregivers can share insights about functional abilities and physical stamina across the course of a day; occupational and physical therapists will be critical in helping to determine best matches for motor control and/or positioning, relative to the features of the SGD and the client’s abilities; and behavioral specialists and educators will aid in structuring procedures for the effective implementation of the SGD in a variety of settings, for a variety of functions.

For more information, see this other related FAQ:

Who are members of an interdisciplinary team? What is their role?

References:


Funding issues in service delivery

Accessing services: Assessment and Eligibility

- Types of services available
- Assessment of severe ID
- Lack of services/resources
- Eligibility (age, cognition)
- Length of service/termination
- Teaming

Intervention practices

- Development
- Literacy
- Cultural issues
- Behavior management
- Special populations
- Peers in intervention
  - Intervention strategies
  - Treatment types
- AAC
- Maintenance services
- Need/qualification
- Communication services
- Medicare/Medicaid
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<td>• What is ABA and how is it applicable to communication training?</td>
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<td>• Is it appropriate to work on communication skills if the child has a degenerative condition?</td>
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<td>• What are the recommended assessment and intervention strategies for individuals with Down syndrome?</td>
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<td>• Peers in intervention</td>
<td>• Do children with severe disabilities really benefit from being around typical peers?</td>
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<td>• How are typically developing children affected by interactions with children who have severe disabilities?</td>
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<td>If we are supposed to provide “communication services and supports”, what is that supposed to include beyond teaching and therapy?</td>
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<td>• Why would an SLP work with a child who doesn’t talk?</td>
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<td>• What is the difference between individual and group treatment?</td>
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What if the individual shows no interest in communication?

- **Issue:** “Lack of interest” may reflect lack of exposure to preferred activities or events
  - Conduct preference assessments to determine greater breadth of motivating activities
  - Interview caregivers
- **Response:**
  - follow up by providing opportunities for the individual to engage in the activities identified
  - Watch for signs of interest (may be idiosyncratic)
- **Bottom line:** A seeming lack of “interest” on the part of a client may actually be traced a lack of identification of motivating activities about which to communicate.
What if the individual shows no interest in communication?

Lack of interest may indicate that the individual is not being exposed to preferred activities and events during the times that communication is being evaluated. It may be worth spending time doing what are called preference assessments to identify more activities that interest an individual. A good way to start a preference assessment is to interview parents, teachers, or others who are very familiar with the individual. Ask about any and all activities that the individual seems to like or prefers to do when given a choice. Then follow up the interview by providing opportunities for the individual to participate in the activities that familiar partners have suggested as preferred. Watch for any indication that the individual is interested in these activities. Preferred activities are ideal contexts for teaching individuals to request. An alternative strategy is to identify items that an individual really doesn’t like. These activities can be appropriate contexts for teaching communication responses that indicate, “I don’t want to do that.” Caution must be exercised when teaching rejecting, however. No item that is harmful to the individual should ever be used in evaluations or instructions.
Why would an SLP work with a child who does not talk?

- **Issue**: Scope of SLP practice
  - SLPs work with children and adults of all ages who have various communication disorders
  - SLPs do more than strictly help people pronounce speech sounds correctly or stop stuttering

- **Issue**: A child who doesn’t talk needs help to build a functional system for:
  - communicating with others, and
  - understanding what others are saying to them.
  - In many cases an AAC system will be designed to help with these needs.

- **Bottom line**: Communication is broader than speech, and communication goals are just as important as speech-related ones.
What this FAQ answer looks like on the web:

Why would a speech-language pathologist work with a child who doesn’t talk?

A speech-language pathologist works with children and adults of all ages who have communication disorders. Speech-language pathologists do more than strictly help people pronounce speech sounds correctly or stop stuttering. A child who doesn’t talk needs help from a speech-language pathologist, and other members of a team, including family and teachers, to build a functional system for communicating with others and understand the communication of others. In many cases, augmentative or alternative communication approaches will be designed to teach such a student who is not using speech to communicate. These systems might include, for example, the use of pictures, manual signs, or simple to complex electronic devices that speak for the student.

Communication services should be started just as soon as a communication delay or disorder is diagnosed. Long before we expect children to be talking, there are many important communication skills that should be developing. These early skills include how to interact with other people and things, how to understand spoken language, and how to communicate to others using gestures or symbols. A professional evaluation can determine if a child is developing appropriately in all these areas. If not, an intervention program can be designed to help the child develop these skills. To learn more about early intervention services required under Federal law, and to locate the early intervention agency in your state, go to the National Early Childhood Technical Assistance Center Web site.

See also: Can all children learn to communicate?
Funding issues in service delivery

Accessing services: Assessment and Eligibility

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  - Intervention strategies
  - Treatment types

Intervention practices

- Need/qualification
- Communication services
- Medicare/Medicaid
- Maintenance services
Are communication services typically considered medically or educationally necessary?

The school district AT team says that a student we serve does not qualify for AAC because she has some speech. The student is about 50% unintelligible to familiar partners in known context conditions.

Does a school’s obligation to provide AT devices/services mean that the district always pays for them?

If my child needs communication services, including AAC, who pays for it?

Are communication services, including AAC, covered by adult services programs?

Does private insurance provide reimbursement for communication services, including AAC devices and services?

Do Medicare/Medicaid programs provide reimbursement for AAC services?

Are services free for children birth to three years?

Can a healthcare provider be reimbursed for indirect services? Do Medicare, Medicaid, or private insurance pay for indirect services?

Are “maintenance services eligible for coverage under insurance, special education, or other payment/reimbursement systems?
If my child needs communication services, including AAC, who pays for it?

• **Issue**: Eligibility for services depends on many factors, including
  – A person’s age
  – Medical insurance
  – Enrollment in programs such as early intervention, special education, or vocational rehabilitation
• **Usually**, payment will be approved only if the need for services is documented by an authorized individual (physician, case worker)
• **Bottom line**: Payment for communication services involves individualized decisions and involvement of different professionals.
What this FAQ answer looks like on the web:

If my child needs communication services, including AAC, who pays for it?

Eligibility for services depends on many factors, including a person's age, medical insurance coverage, and enrollment in programs such as early intervention, special education, or vocational rehabilitation. In almost all cases, payment will be approved only if the need for services is documented by authorized individuals (e.g., physician, case manager, educational team, etc.). Click on the links for more information about early intervention, school services, private insurance, Medicaid, Medicare, or adult services programs.

Are communication services, including AAC, covered for children age birth to 3?
How can communication services, including AAC devices, be documented as "educationally necessary"?

Private insurance

Does private insurance provide reimbursement for communication services, including AAC devices and services?
How can communication services, including AAC devices, be documented as "medically necessary"?

Medicaid

Do Medicaid or Medicare programs provide reimbursement for AAC services?
How can communication services, including AAC devices, be documented as "medically necessary"?

Medicare

Do Medicaid or Medicare programs provide reimbursement for AAC services?
How can communication services, including AAC devices, be documented as "medically necessary"?

Adult services program

Are communication services, including AAC, covered by adult services programs?
Are communication services, including AAC, covered by adult services programs?

- **Issue**: There is no blanket entitlement to free therapeutic or assistive technology services
- **In some cases**, services may be funded through:
  - State-administered programs
  - Medicaid/Medicare
  - Private insurance
  - Every state has agencies responsible for providing services to individuals with disabilities
  - The US Dept of HHS has links to these programs
  - Kiwanis and others also help.
- **Bottom line**: Creativity is key in accessing assistance through a variety of possible sources.
What this FAQ answer looks like on the web:

Are communication services, including AAC, covered by adult services programs?

Currently, adults with disabilities in the United States do not have a blanket entitlement to free therapeutic services or assistive technology. In some cases, however, services may be funded through state-administered programs, private insurance, Medicaid, or Medicare. Every state has agencies responsible for providing services to individuals with disabilities, such as Vocational Rehabilitation, independent living programs, and those serving individuals with developmental disabilities. The U.S. Department of Health and Human Services provides links to the disability programs in each state.

For more information:

How can communication services be documented as educationally necessary?

- **Issue**: Services can be both medically and educationally necessary, and the approach to payment for services depends on the “system” being approached

- **If the school** is the targeted funding source, justify need in terms of **educational necessity**:
  
  - The student’s ability to access, participate in, and demonstrate progress with respect to the general education curriculum (documented in IEP or 504 plan)

  - *Communication and assistive technology* are among the “special factors” that must be considered by all IEP teams

  - more
• If private or public insurance is being sought, justify the need in terms of medical necessity
  – Medical necessity arises when the communication limitation arises from a diagnosed condition. Communication services might restore lost function, forestall further functional decline, or provide an alternative means of performing the function

• **Bottom line**: Tailor the request to the domain of the funding source and confine your justification to one or the other.
What this FAQ answer looks like on the web:

How can communication services, including AAC devices, be documented as "educationally necessary"?

Devices and services are deemed **educationally necessary** when they allow the child to benefit from a free, appropriate public education in the least restrictive environment. The Individuals with Disabilities Education Act specifies that special education services should enable students to access, participate in, and demonstrate progress with respect to the general education curriculum. It is hard to imagine a case in which a student would have equal access to the curriculum and the ability to participate and progress without benefit of an adequate means of spoken and/or written communication! Communication services can be represented on the IEP as special education, related services, or supplementary aids and services. Because assistive technology is one of the "special factors" that IEP teams must consider for all children, IEP teams are obliged to discuss communication devices and services when a child's communication limitations are so significant that they impact the child's access to and potential to benefit from the general curriculum.
Do private insurance and/or Medicare/Medicaid provide reimbursement for AAC services?

- **Issue**: Insurance only covers what is spelled out in the coverage guidelines
- **Even if** AAC services are not explicitly included, they are covered if the policy includes SLP services
  - If AAC services are not included, they may be covered as durable medical equipment, as prosthetics and orthotics, or SLP services
  - Denial is more the rule than exception. Appeal every denial – many are overturned
- **Bottom line**: know the fine print, be creative and persistent, use language in coverage document
What this FAQ answer looks like on the web:

Do Medicaid or Medicare programs provide reimbursement for AAC services?

They do as long as the individual's coverage includes speech and language services. AAC services provided by a speech-language pathologist fall into this category. Reimbursement for devices may be a bit trickier. In some cases, the device may also be considered an element of speech and language services, but in other cases it is considered to be durable medical equipment (DME). If the insurer considers it DME, and the individual's policy excludes DME from coverage, device access may be more difficult. Nationwide, Medicaid funds speech-language services for children birth through 21 years of age. The availability of therapy services and device coverage for individuals older than 21 years varies from state to state. Under Medicare, beneficiaries must have elected coverage under the optional Part B - which carries with it monthly premiums, an annual deductible, and co-pays - in order to qualify for most speech and language services and DME. Medicare refers to AAC devices as "speech generating devices."

Does private insurance provide reimbursement for communication services, including AAC devices and services?

That depends entirely on the scope-of-coverage provisions within an individual's policy. If speech and language services are a covered benefit, then AAC services - and potentially AAC devices - could be construed as a form of speech/language services. If the policy has specific exclusion of speech/language services or durable medical equipment (DME), the insurer may not be obligated to cover AAC devices and/or services. Even when the scope of coverage includes speech and language services and/or DME, the insurer will only provide reimbursement when the services/devices are determined to be medically necessary.
Funding issues in service delivery

Accessing services: Assessment and Eligibility

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- Special populations
- Peers in intervention
  - Intervention strategies
  - Treatment types

- Need/qualification
- Communication services
- Medicare/Medicaid

Intervention practices

Types of services available

Assessment of severe ID

Lack of services/resources

Eligibility (age, cognition)

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Intervention strategies

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Need/qualification

Communication services

Medicare/Medicaid
• Development
  • Can all children learn how to communicate?
  • What are functional communication skills?
  • Can children with severe disabilities learn to read or write?
  • What are the signs of “emergent literacy” in a child with severe disabilities?
  • If a student is nonspeaking, and so can't read out loud, how can I assess his or her reading skills?
  • What strategies can I use to teach reading and writing to an individual with severe disabilities?
  • When should I start reading to my child?

• Literacy
  • What is AAC?
  • Are there prerequisites to use AAC?
  • What is meant by aided vs unaided forms of communication?

• Basics of AAC
  • Who uses AAC and how do I know AAC is right for my child?
  • Can sign language help improve my child’s communication?
  • Who would I contact to learn more about AAC?
  • Does the child have to understand the symbols on the device before I put them there?
  • How do you decide what kind of symbols or AAC device to use?
  • How do I decide whether a high technology or low technology communication device is better?
  • What considerations are there when determining the best mode of communication to target? For example, are pictures always better than signs?

• Cultural issues
  • How should I approach parents about AAC when they are only interested in having their child learn to speak? Many parents seem concerned that AAC will interfere with speech.
  • What role does culture play in serving children and families with severe communication disabilities?
When should I start reading to my child?

- **Issue**: It is never too soon nor is your child too young to begin learning about print
- **Issue**: Daily reading is essential to offering wide experience with print. Other activities include:
  - Playing word games
  - Magnetic letters
  - Identifying letters and words in different environments
- **Challenge**: For children with disabilities, the development of reading is sometimes neglected in favor of other types of language skills
- **Bottom line**: Exposure to print and literacy is critical to development and should occur as early as possible in children with disabilities
What this FAQ answer looks like on the web:

When should I start reading to my child?

It is never too soon nor is your child too young to begin learning about print.

Marilyn Adams (1994), author of *Beginning to Read*, describes how she read to her son since the time he was 6 weeks old. Daily reading, especially when the child is engaged at a level that is slightly above his or her expected level of performance is essential to offering wide experience with print. Playing word games, using magnetic letters, identifying letters and words in different environments are other ways in which to make children aware of the links between oral and written language. For children with significant disabilities, the development of reading skills sometimes can be neglected since parents and professionals may believe that other types of language skills should be in place before teaching the child about print.

For more information:

Are there prerequisites to AAC?

• **Issue**: The currently accepted evidence in the literature suggests that there are no specific skills that are prerequisite to successful use of AAC in the broadest sense.
  
  – AAC is an intervention approach that can be the beginning of communication development for an individual
  
  – There are a number of AAC options available to begin the intervention process.

• **Bottom line**: There are no prerequisites to use AAC, and different approaches are available to allow for tailoring of AAC to the needs and skills of users
What this FAQ answer looks like on the web:

Are there prerequisites to use AAC?

There are no prerequisites to use AAC. The currently accepted evidence in the literature suggests that no specific skills are prerequisite for successful use of AAC in the broadest sense. AAC is an intervention approach that can be the beginning of communication development for an individual. There are a number of AAC options available to begin the intervention process.

For more information:

How does my child's cognitive age relate to his/her learning to communicate?
Position statement of the National Joint Committee
Many of our FAQ’s involve not only the content issues, which has been our focus to this point, but also questions that relate to ethical issues surrounding service delivery.

All of our member organizations are governed by codes of ethics, and many have their own individual codes of ethics for that organization....
Sample FAQ’s re Termination or Discharge from services:

• Should I terminate services if the individual has made no progress in the past?

• How long should a SLP continue providing communication services and supports to an individual with severe disabilities when s/he is not able to document progress on treatment goals?
Of course, the answer is: It depends . . .

But, there are many issues and factors to consider:
Summary of key considerations:

- Were past intervention goals appropriate for the individual’s communication needs and abilities?
- Were intervention strategies based on current evidence and recommended practices?
- Was appropriate assistive technology, including AAC, identified and provided?
- Did intervention plan address the needs and concerns of culturally/linguistically diverse families?
- Did the clinician have expertise needed to provide appropriate services?

Also…
• Were appropriate referrals made when needed?
• Was intervention delivered consistently and with sufficient density (enough learning opportunities per day, etc)?
• Were criteria for goal achievement relevant and measurable?
• Was progress on goals measured on an ongoing basis and data used to adjust strategies?
  Etc.!!
Admission/Discharge Criteria in Speech-Language Pathology
Ad Hoc Committee on Admission/Discharge Criteria in Speech-Language Pathology (ASHA, 2004)

About this Document
This guideline document is an official statement of the American Speech-Language-Hearing Association (ASHA). The ASHA Scope of Practice states that the practice of speech-language pathology includes making admission and discharge decisions. The ASHA Preferred Practice Patterns are statements that define universally applicable characteristics of speech-language pathology practice. The guidelines within this document fulfill the need for more specific procedures and protocols for serving individuals with speech, language, communication, or feeding and swallowing disorders across all settings. It is required that individuals who practice independently in this area hold the Certificate of Clinical Competence in Speech-Language Pathology and abide by the ASHA Code of Ethics, including Principle of Ethics II Rule B, which states: “Individuals shall engage in only those aspects of the professions that are within the scope of their competence, considering their level of education, training, and experience.”
Admission and discharge criteria originally were prepared by the Ad Hoc Committee on Admission/Discharge Criteria in Speech-Language Pathology . . . .In 2002, with input from the National Joint Committee for the Communication Needs of Persons With Severe Disabilities (NJC) and Tables
Discharge Flow Chart

Figure 1

Admission/Discharge Criteria in Speech Language Pathology, ASHA 2004

Remember....

www.asha.org/njc

• Submit your FAQ’s

• Nominate a clinical practice for the award

• Conference: June 2011

• Facebook (National Joint Committee)

• Leave your contact information with us if you want to be added to a virtual mailing list (other than or in addition to facebook)