Augmentative Communication Questions

	AAC Evals?	Which disciplines involved in appt?	How many evals scheduled each week?	How long are appts?	Current wait time for initial eval?	Wait time for follow up appt (device trials)?	Evals scattered in therapist schedule or clinic/block schedule format?	How much Paperwork time allotted for therapists?
ORG A	yes	Speech only for AAC. We do have a separate seating/mobility clinic that does a wide variety of equipment to meet the needs of our patients.	At this point we're just getting the AAC program going so sporadically.	1 hour at this point, potentially increasing to 90 minutes when they become more consistent.	NA – no wait currently	NA – no wait currently	Currently they're scheduled as individual appointments. Our seating & mobility clinic has blocks arranged and I foresee going the same route with AAC when it grows to that point.	We've currently allotted 1 hour/week for AAC needs given that the evals are sporadic at the moment.
ORG B		Mainly speech only for our "Direct" AAC evals (meaning the child can directly access with hands) We include a trained OT and sometimes gather input from current PT as available for our Complex AAC evals (alternative access and seating issues)	My evaluating therapists each do one templated evaluation per month (sometimes more for their own caseload) We formally schedule 7 per month. We actually complete more than that because I have a few therapists who do	Up to 3 hours (therapists are blocked for this amount of time)	We schedule patients within 30 days of the family completing the intake surveys. We require that the patient has already trialed 3 months with high tech devices before we actually schedule the evaluation. This can be	Some patients are already in therapy and there is not wait once the device arrives. Patients not seen by us will come back in to get their device set up and to attend a couple of training sessions—as much as needed following shipment of the device. We	Blocked time 1x/month for each therapist.	Most therapists utilize part of the 3 hour block to complete as much of the report as possible. We have a speech aide who can complete the online forms and we have also built documents (e.g. Medicaid CMN form) in our EPIC documentation system to facilitate the write up time. The speech aide is a huge help with paperwork and obtaining doc

			evaluations on their own patients but are not templated for a "formal" evaluation block.		completed by us or by any outside school/facility.	schedule immediately into "blocked" times that some therapists have to accommodate the device trainings.		signatures for our evaluating therapists. Other therapists may block an evaluation time 1x/month in order to complete extra AAC evaluation documentation---per their request and approved by their lead.
ORG C			For medically complex we have an AAC clinic in which Speech Therapy, Occupational Therapy and a physiatrist meet 1 x a month for assessment and evaluation. All other diagnosis such as ASD, Apraxia etc. are seen outside of clinic for an initial communication evaluation with an SLP followed by trials with varying devices and a final evaluation with an SLP and OT. The Team is led by the speech pathologist with OT commenting or assessing for access, positioning etc.	3-4	2 hours	The AAC evaluation is done after trialing with a device so this varies from pt to pt.

To get into our clinic there is approximately 2-3 month wait time | Our state Medicaid requires that a rental device be obtained for a 30 day trial prior to the purchase of the device. Therefore, the wait time is determined by the availability of the trialing device. Some devices we are able to obtain within a week or two others such as eye gaze there may be a wait of a month or two. Once the device is received by the family they contact our office. The device companies only allow a device | The actual evaluation is set up as a block 1 x a week on their schedule that is filled by another communication evaluation if an AAC evaluation is not needed during that time one week out. Trials are scattered as individual appointments. The exception is medically complex patients in the AAC clinic. This is a blocked time as this population is always seen in a co-treat with an SLP and OT and they are seen on Tuesdays 4 x a month | There is no allotted or blocked time for paperwork specific to AAC. One hour of off unit billing is placed in the system for each AAC evaluation. Thus if a therapist has a cancellation of a patient in another area then that time can be used for paperwork without the therapist being penalized for productivity. There is no specific time allotted for rentals, denials or appeals. |

						to be trialed for 30 calendars days. Thus once the family receives the device the therapist schedule is manipulated by that therapist to accommodate these guidelines		
ORG D		SLP, OT, and vendors	10 per quarter in a clinic; individual as needed	2 hrs	Up tp 4 months for clinic; 60-90 days for individual	30 days approx	both	have an hour per patient day of clinic
ORG E		Speech and OT, depends on intake question s; may be single discipline or combine d	5-8 evaluations	Speech pathologists are typically blocked for 3 hours but one therapist will review charts and bring patients in for 2 hour spots. OT is generally scheduled for 1 hour unless evaluation is an access evaluation than the appointment is 2 hours	As of 10/29/18 our next available time is 11/29 but we do move patients up as other evaluation or treatment appointment s are canceled. Our therapists are also called into the inpatient setting for acute referrals.	This depends on how long it takes for the device to be ready, parent availability for an appointment and how many devices are coming in at once. We are working on a process in which the vendor contacts us to let us know that the device is ready for delivery and then we reach out to the family to schedule rather than the	We do have blocked appointment so that we can coordinate OT and ST together. If OT is not needed, individual appointments are scattered in openings in therapist schedules.	We do not block schedules for documentation time unless there is a specific need. Over the course of a year, of all available slots for augmentative communication evaluations and treatments, less than 60% of appointments are completed. The no show and cancelation rate for this type of evaluations is higher than other treatment types. We typically have a 12-17% no show rate with a 14-20%

						families calling us when they have the device. What I am seeing right now is 2 weeks from device delivery to a follow up appointment. Per the vendors, if the entire funding packet is perfect on submission, it can still take 2-3 months for device delivery. This is for trials as well as purchases.		last minute cancelation rate.
ORG F		Speech and Occupational Therapy	Currently 4	Average of 90 minutes	1 month	1 month or less	Clinic schedule	1.5 hours for evals 1 hour for addendums and denials.
ORG G	Yes – we complete evaluations (1-2 sessions), as well as diagnostic therapy (6-8 sessions). Patients are triaged prior to scheduling to determine the optimal model of therapy (eval, diagnostic	Speech-Language Pathology, primarily. If support with vision, access, and positioning is needed, then we also consult occupational therapy.	Each SLP that has an AAC eval slot is scheduled every other week to allow time for a follow-up eval if necessary. We have 8 eval slots each month.	Scheduled for 3 hours with the option to do a follow-up eval (usually 1 hour) the next week. Most evals last 2 hrs.	6-8 weeks	Fluctuates and depends greatly on location and flexibility of family for scheduling.	We have specific therapists that have set evaluation slots (e.g., 1st and 3rd Weds of the month from 9-12)	We don't have set time within the schedule, however we are given increased productivity credit within our department for doing AAC therapy and evals. For example: • 1 hr SGD therapy – given credit for 75 minutes productivity • 1 hr SGD diagnostic therapy – given

	therapy, emerging communicator). Triaging patients who may not be able to benefit from a 1 time eval into either diagnostic and/or emerging communicator therapy has significantly increased the efficiency with patient access to our services.							credit for 90 minutes productivity • 1 hr eval – given credit for 75 minutes productivity • 30 minutes additional eval – given credit for 45 minutes productivity It is up to each therapist to manage his/her schedule in a manner that works for him/her. The increased productivity credit allows for more flexibility with the documentation and programming demands while maintaining an adequately scheduled workday. The shift of providing AAC therapists with an increased productivity credit has significantly increased employee satisfaction.
ORG F	**Yes, in partnership with the AAC vendor**	**Speech**	**Most of our AAC evaluations are for kids that are already receiving**	**1 hour**	**For a general speech/language evaluation our wait time is ~4 months. If**	**Once they are receiving our services (initial evaluation is complete), we schedule the follow up appt**	**We have the appointments scattered on the therapist's schedules.**	**Our therapists have 10 hours /week set aside for all paperwork, include this type of paperwork. They usually have**

			services and we identified that the child would benefit from an AAC device. This occurs ~3-5 times a month.		all they need is an evaluation for an AAC device, we can usually get them seen in ~2-4 weeks.	when appropriate (no wait time).		additional time as well when pts cancel or no-show.
ORG G	Yes.	1 SLP and 1 OT.	Our team schedules 8-10 AAC evaluations per month. We have 8 consistent slots per month, but often add evaluation slots to accommodate more patients if we are able.	They are scheduled for 2-hour time slots (e.g. 9-11AM, 1-3PM)	There are 28 patients currently on the waitlist (i.e. 28 patients have completed packets + an order), so approximately a 3-5 month wait.	If we are unable to make a device determination in the initial appointment, we try to schedule follow-up appointments as soon as possible. We are typically able to offer follow-up appointments within 1 month.	Our evaluations are set in a block scheduling format. Follow-up appointments, device set-up sessions, and therapy sessions during device rentals are scattered in therapist schedules as we are able to accommodate them.	This varies by discipline. We do not have set paperwork time in our schedules for AAC evaluation reports or associated paperwork - staff often work outside their scheduled hours to complete appeals, denials, etc.
ORG H	Yes.	Occupational Therapy and Speech therapy. ATD consults during the evaluation appointment to see if they will be needed to help with switch or device mounting, however they are not present for the length of the entire evaluation.	1 per week at the sites that do them	2 hours	We are scheduling into January and February at the sites that do these (2-3 months wait)	Follow up appointments are scheduled as an episode of care in order to determine the appropriate device/language program, as well as access method. Device trials are initiated once the patient has tried 2-3 different devices in	We use a clinic scheduling format	None. This is expected to be completed during no shows, cancels, or over flex time.

							therapy sessions	
ORG I	Yes, we do. Usually in conjunction with vendors from either Tobii-Dynavox or PRC. However if it the child needs a really involved assessment or trials with multiple different devices we recommend a clinic that has a team that specializes only in AAC and has the different devices on-hand for them to try (such as SRAL, Easter Seals DuPage). We don't get a lot of AAC evals anymore because many more children are receiving	SLP and sometimes OT	Variable and more infrequent now For true AAC evals it is pretty infrequent (<2-3/year) but we do incorporate AAC screenings and assessment of use of already acquired AAC devices into evals more regularly (x3-5/month)	Typically 1 hour, but can be up to 2 for a full, complete AAC eval	This is just part of the regular waitlist unless there is an urgent need. We had one patient this past year that we were able to schedule right away because it was just for an eval, no therapy needed and they were very flexible with their availability, otherwise typical wait times	This is hard to answer since we don't do a lot of new AAC evals so aren't involved with device trials. We do work on AAC use once patients acquire them, but the wait time wouldn't be different than the typical wait list unless there is an extenuating circumstance.	The way I read this it would be that the appointments are scattered in my schedule because the evaluation could be scheduled anytime during my available hours. It would be just like any other appointment. We don't have a set eval time blocked off each week (such as Mondays at 10am is always evals)	Time is not built in, but schedule usually has some openings that can be used for this.

	devices through EI or school before we see them.							