

Facility	What are the length of scheduled AAC evaluations?	Do you always include both ST and OT or are they separate?	Do you use any screening questions or algorithm when scheduling?	Do you have a waiting list, if so how many patients are waiting?	Do you use vendors in the evaluations?	Do you have a coordinator for this clinic/service line?
<b>ORG A</b>	45-60 minutes	Primarily Speech	No, not yet	No, none as of now	Yes, Illinois Lending Library	No, We have key ST Team members who are competent in providing these AAC evaluations
<b>ORG B</b>	If it's a new patient, not known to our facility, 90 minutes. If it's a current patient, either 60 (peds) or 45 (adult). At this time, we only have 1 peds therapist who will see any peds patient for AAC. Our adult therapists only provide AAC services to their own patients as they have emerging expertise. If we get an order from another clinic, we	Only SLP. If OT is needed they get pulled in later (ie for mounting the device on a wheelchair or other accessibility issues with the device)	No. However, it can take a very long time to get on the schedule. When patients call, we provide them with other facilities in the area who also provide AAC services so they have choice.	Again, we provide patient with other options, but presently there are 5 on the WL and some have been there for 7 months.	No – we purchase a lot of the apps so we can trial the technology in the clinic on a department iPad. If/when we need to pull a vendor in we do, but the apps give us a lot to trial before pulling in the vendor.	No

	provide the patient with other options in the area.					
<b>ORG C</b>	AAC Evaluations are scheduled for 180 minutes. GA Medicaid requires the trial of 3 AAC devices prior to recommending a specific device; thus the lengthy appointment time.	If access is needed, then the AAC Evaluation appointments are scheduled as joint appointments with a SLP and OT. The OT is scheduled to be present, along with the SLP for the first hour of the appointment.	Yes – we have a questionnaire when scheduling and require an MD order prior to scheduling.	No waiting list, but we are scheduled out a couple of months.	Vendors are not currently present in AAC evaluations.	AAC is part of outpatient rehabilitation. The AAC “specialists” are consulted in inpatient – we have a couple of SLP’s inpatient who are also trained in AAC. One of our ongoing initiatives is to provide education for low-tech and less complex AAC apps/devices for all SLP’s in outpatient settings, so that patients with more complex devices (eye gaze) are seen by the AAC SLP’s.
<b>ORG D</b>	90-120 minutes	Yes	We send the patient a packet to complete and	Yes. We are working on a process to	Not regularly, but if needed vendor may be present.	We have some informal positions

			return prior to scheduling	streamline management of our list as we are using a few.	Or vendor contacted a head of time to borrow device/equipment if unavailable on site	
<b>ORG E</b>	2 hours	At this time, we only utilize OT if needed, as a team we talked about integrating them into these evaluations but our current speech therapists have been successful at positioning and access	Our 2 SLPs call families that have orders put in for an AAC evaluation they then determine if they are truly a one-time evaluation for equipment or if they will need on-going services and schedule them accordingly.	We don't have waitlists but are scheduling about 1 month out.	We don't utilize vendors for the evaluation, we do have multiple loaner devices on site for our evaluation to ensure it is comprehensive and we are finding the best fit for each patient. We then work with individual vendors to write the reports and get them submitted to insurance.	No, at this time the 2 SLPs who have championed this population are managing wait lists, calling families, and getting these patients scheduled and seen.
<b>ORG F</b>	These are scheduled for ST for 60 minutes, which is the same as all other ST evaluations. We utilize this time primarily to	Only STs complete AAC evaluations. If they need additional information from OT, they will consult once	Not necessarily anything formal. If physicians have made notes about AAC/devices on the order, we will schedule as AAC.	We do not carry a waiting list in our department.	Not in evaluations, but we do collaborate with them frequently via email and have the option to bring them in to	No, our speech program coordinator and manager support this service line.

	<p>assess the need for therapy and get what documentation is needed for insurance requirements and writing the plan of care. Typically we have time for a short activity with a device to determine some readiness components that would factor into goal writing. But most of the device selection and trialing would happen during ongoing treatment sessions.</p>	<p>device trials or selection are starting which happens during a treatment auth.</p>	<p>But otherwise our schedulers kind of know what diagnosis/age combinations tend to be AAC, so they will ask families if that's something they are looking for before they schedule. Some of our therapists have a lot of expertise in AAC, but we have worked to make sure that all clinicians have a working knowledge and could pick up a kiddo and treat through a device trial/purchase. So there is some forgiveness there if we schedule a child that really could have benefitted from AAC in a regular ST eval slot.</p>		<p>therapy sessions as needed.</p>	
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<b>ORG G</b>	Our templated time is 3 hours but most take about 1.5 hours and the rest of the time is for paperwork. (3 hours is not quite long enough, though)	We only include OT for our more complex AAC evals and we do those differently than the above templated AAC evals. These evals are done over several sessions. Some with just speech and some with speech/OT when looking at access, positioning, etc.	we have AAC surveys that we send out once our AAC trials are done. We do our process differently than most children's hospitals. We get our patients into trial therapy. Do the AAC trials over time and then put the child in the "funding evaluation" once we know best device fit.	yes, I'm not honestly, not sure but probably a couple hundred waiting on the trial therapy. No waitlist for our actual AAC funding evals, though.	never. We have equipment at all of our sites and use vendor consultants only when we need some advice on an advanced feature. Our philosophy is never to use vendors in an actual evaluation	yes, that's my role here at ORG G!
<b>ORG H</b>	Our evaluations are scheduled in two-hour blocks with 1 hour of admin time either immediately following or within 1 day for completion of paperwork.	Our evaluations are always both OT/ST	We have families complete a "new patient information" packet as their "ticket" to get scheduled and to provide some background information, but we do not use this information as an algorithm for scheduling.	Yes, we have around 615 patients waiting on our list. Some of these patients have been contacted several times for scheduling and have not returned phone calls. We initiated use of the "new patient packet" to help to	No	Yes. I serve as the supervisor for this service line

				improve attendance for scheduled evaluations.		
<b>ORG I</b>	2 hours	This is only for ST, OT is included as needed	We have a few screening questions – language lost vs language not acquired, whether they have worked with a particular vendor before, and if/where they receive SLP services currently/who referred	We recently lost our main AAC provider, so we are in the process of re-hiring. In the meantime, we are closed to outside evaluations and are only doing evaluations of our own internal patients. Typically, we are scheduled 4-6 months out for AAC evaluations, at a cadence of 3-4 spots/week.	Sometimes. This is patient/situation dependent	No, the SLP who led these evaluations was a ATP and coordinated the vendors as needed and worked with management to coordinate the clinic itself.
<b>ORG J</b>	120 minutes	OT usually not present. There are 2 combined ST/OT evaluation slots per month.	Yes. Screening questions to identify the visit type.	Yes. 6-10 months, depending on the visit type.	No. But we do use vendor-loaned equipment.	No. Responsibilities are divided amongst different SLPs.