

ELIGIBILITY CRITERIA FOR NHS ENGLAND AUGMENTATIVE AND ALTERNATIVE COMMUNICATION (AAC) SERVICES

The following table is designed to provide additional guidance on the eligibility criteria for a referral to a Specialised AAC Service. It should be used in conjunction with the Service Specification Decision Chart: Guidance on referral criteria for Specialised AAC Services (page 10)

This pathway focuses on people with Augmentative and Alternative Communication needs. This refers to strategies that are used to support or replace biological speech. It is recognised that email, other computer applications, texting and other technologies are forms of communication, however the primary aim of referrals to a specialised AAC service must be related to a significant difficulty communicating through speech. It is not the remit of the specialised AAC services to provide rehabilitation equipment, equipment to work on motor, cognitive or language skills (for example aphasia therapy software) as part of rehabilitation therapy sessions. These criteria are not for people who have intact biological speech but who have specific problems with computer access resulting from, for example, a spinal injury or motor difficulty with hands and arms. Please refer to the Environmental Control service specification: <https://www.england.nhs.uk/publication/environmental-control-equipment-for-patients-with-complex-disability-all-ages/>

If a person meets the eligibility criteria the assessment will include considering the need for mounting of the required AAC equipment. A need for mounting of equipment alone would not make a person eligible for assessment from Specialised AAC Services.

This document contains a range of (but inevitably not all) client examples. Please contact your Specialised AAC Service to discuss a specific client.

Information about people who already have an AAC system provided by NHS England Specialised AAC Services who need a re-referral for a new assessment is [here](#).

PLEASE NOTE THAT YOUR SPECIALISED AAC SERVICE HAS A REMIT TO PROVIDE TRAINING AROUND AAC AND CAN ALWAYS BE CONTACTED FOR ADVICE IF YOU REQUIRE ANY GUIDANCE ON REFERRING A PERSON OR THE ELIGIBILITY CRITERIA.

Pathway Section	Guidance on Eligibility	Examples
<p>1. Does the person require a specialist assessment because they have a severe/complex communication difficulty associated with a range of physical and/or cognitive impairments?</p>	<p>A person may require a specialist assessment because they would benefit from input by a highly skilled multi-disciplinary team to address a range of complex physical and/or cognitive impairments, which cannot be addressed by a local Speech and Language Therapist alone.</p> <p>A person may require a specialist assessment because they may benefit from a high- cost / highly complex communication aid, which cannot be provided by local services. This equipment may also require significant ongoing maintenance and management for the person to achieve their communication potential.</p>	<p>a) A person who has been diagnosed with a degenerative condition and is no longer able to speak sufficiently well to be understood in any situation where they would wish to communicate and who has severely impaired physical abilities, such that they cannot type on a keyboard or touch screen, would require a specialist assessment.</p> <p>b) A person who has an acquired or congenital condition which affects their speech intelligibility in any situation where they would wish to communicate, and also presents with severely impaired movement (including exaggerated reflexes, low tone or spasticity of the limbs and trunk, unusual posture, involuntary movements or some combination of these) is likely to require a specialist assessment. In addition, this person may also have cognitive or sensory impairments, which would further support the need for specialist assessment.</p> <p>c) A child with autism or developmental dyspraxia who demonstrates a range of social communication differences, may be eligible for specialist assessment if they are able to functionally (or demonstrate potential to) use a range of communication functions using a symbol-based communication system.</p>

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2. Has the person developed beyond cause and effect understanding?	<p>A person may require a specialist assessment if they have the ability to make a connection between an action and a consequence and are consistently and reliably using intentional actions to interact with people and the world directly.</p> <p>Communicative intent would need to be demonstrated as this funding stream is not intended to cover devices provided for the purposes of language modelling, behaviour management and the development of social interaction skills.</p>	<p>a) A person who has a significant cognitive impairment but is able to use a nurse call switch to initiate calling for help and indicate a need either by looking or pointing.</p> <p>b) A person who indicates acceptance or rejection of an item/interaction by referring to this <i>intentionally</i> to the other person involved by head nod/shake, take/push away, agreement/protest sound, smile/frown <i>directed at</i> the person.</p>
3. Is the person able to understand the purpose of a communication aid?	<p>A person may require a specialist assessment if they are able to make purposeful selections on an AAC system and understand that the selections result in communication with another person.</p>	<p>a) A person who uses a representation of a language, i.e. word, phrase, symbol or sign, related to a motivation they have directed to a communication partner.</p> <p>b) A person who pauses after communicating and expects what the other person might say i.e. demonstrating turn-taking and expects a meaningful response.</p> <p>c) A person who is not just pointing to a real object they desire, and then looking to the listener, but for example, pointing to the relevant symbol on their AAC system, then looking to the listener. In the latter example, the person is demonstrating an understanding of the purpose of the AAC system/ how it can be used to support communication.</p> <p>d) A person who looks at or reaches for an AAC system within an interaction.</p>

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<p>4. Is there a clear and evidenced discrepancy between the person's level of linguistic understanding and their ability to use biological speech?</p>	<p>A person may require a specialist assessment if they understand more language than they are able to express with speech and this discrepancy impacts on their functional communication and wellbeing.</p>	<p>a) A person who understands more language than they are able to express through their current total communication means and who demonstrates a need to express beyond this level. For example:</p> <ul style="list-style-type: none"> - a person who has verbal comprehension at a 2 key information carrying word level, but their speech is intelligible only at a single word level. - a person who demonstrates an understanding of a range of grammatical structures, and in assessment can sequence symbols to reflect knowledge of expressive language structure but has no speech output. <p>b) A person who has intact verbal comprehension but has no speech output.</p> <p>c) A person where there is a small discrepancy between their understanding and expression but where the impact of this discrepancy is significant in terms of functional communication.</p>
<p>5. Have 'low-tech' strategies and techniques been tried or considered and are there identified reasons why such methods are insufficient to meet</p>	<p>A person may require a specialist assessment if they have used low-tech AAC, such as a comprehensive personalised communication book, and issues have been identified which mean that low-tech AAC does not fully meet their needs.</p> <p>A preference for technology is not a sufficient reason for referral.</p>	<p>It may be challenging to develop low-tech AAC to meet the communication needs of some people, but it is important to have evidence of what has been developed, how it has been used and what the outcomes have been.</p> <p>Examples of low-tech AAC being insufficient for the person's needs may include:</p>

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the person's communication needs?	<p>If a person has variable speech, (i.e. is able to speak intelligibly at some times but not at others), then a clinical decision will need to be made on an individual basis as to whether a voice output communication aid is appropriate. This is likely to be determined by the proportion of time the person can and cannot speak intelligibly, their communication environment and which communication partners find them intelligible.</p> <p>For patients in rehabilitation settings, the referring team and specialised service should be satisfied that it is likely that the person will continue to meet the referral criteria even when rehabilitation is complete or that they are likely to benefit from high tech voice output AAC for a significant period within rehabilitation when there is evidence that low-tech communication will not meet their reasonable needs.</p>	<p>a) The ability to use low-tech AAC for message-making, including grammatical features, e.g. verb tenses, relative to the person's receptive language, is limited.</p> <p>b) Them having difficulties with movement, due to pain or fatigue resulting in them needing more efficient access to a dynamic screen device, to provide their full communication potential and the vocabulary a dynamic screen device can offer.</p> <p>c) Difficulties are experienced with accessing low-tech AAC due to physical impairments, even with modifications to access and partner-assisted scanning in place. Access may be so complex that despite trialling low-tech, the optimal low-tech AAC solution has not been found.</p> <p>d) There is an identified need for voice output for independent communication e.g. for occupation, leisure or social participation. Where this is the primary reason being given, detailed examples and clinical reasoning will need to be provided on the referral.</p>
6. How is the person likely to use high-tech or low-tech AAC in terms of language competence?	<p>Consider the person's level of comprehension and expressive skills, based on your assessment.</p> <p>Think about how the person is using their low-tech AAC, and how they might use high-tech.</p>	<p>A person who has trialled low-tech AAC as 5 above but is not able to combine symbols to create more than one concept at a time is likely to follow pathway 6/7a (see section 6/7a below- for more details).</p> <p>A person who has a comprehensive and personalised</p>

Pathway Section	Guidance on Eligibility	Examples
		<p>communication book and is able to use this to combine symbols to form complex messages is likely to follow pathway 6/7b (see section 6/7b below).</p> <p>A person who has been assessed as literate and is using low-tech AAC to spell out words and novel messages is likely to follow pathway 6/7c (see section 6/7c).</p>
<p>6/7a If the person is unlikely to be able to combine symbols to create more than one concept, and uses high-tech aids or low-tech systems to select one concept at a time, can the person select items on a touchscreen with at least 1 hand with sufficient speed and endurance to meet their reasonable communication needs?</p>	<p>A person may require a specialist assessment if they are able to use AAC to select one concept at a time, but are unable to select items on a touchscreen, with at least one hand, with sufficient speed and endurance to meet their functional communication needs. i.e. Do they now or are they expected to require an alternative access method within 18 weeks of referral given their rate of deterioration?</p> <p>Alternative access should be considered if current methods are impacting negatively on posture or tone.</p> <p>It would be expected that the clinician has fully explored the available off-the-shelf options before referring to a Specialised Service. If the clinician is not satisfied the adjustments support the person to access the touchscreen to meet their communication needs, they should consider referral to a Specialised Service.</p>	<p>A person who is not literate and has little or no active upper limb function and therefore would not be able to use a touchscreen sufficiently well to meet their communicative potential. They will be using an alternative access method such as partner assisted scanning or eye pointing to access their low-tech AAC system.</p> <p>For example:</p> <p>a) A person who is using an alternative access pragmatically organised communication book to communicate single concepts and who uses a range of pragmatic pathways.</p> <p>b) A person who is using eye pointing or partner assisted scanning to navigate to pages in a communication book to communicate single concepts for a range of communicative functions e.g. to ask questions, comment, negotiate, greet, express emotions, direct others etc.</p>

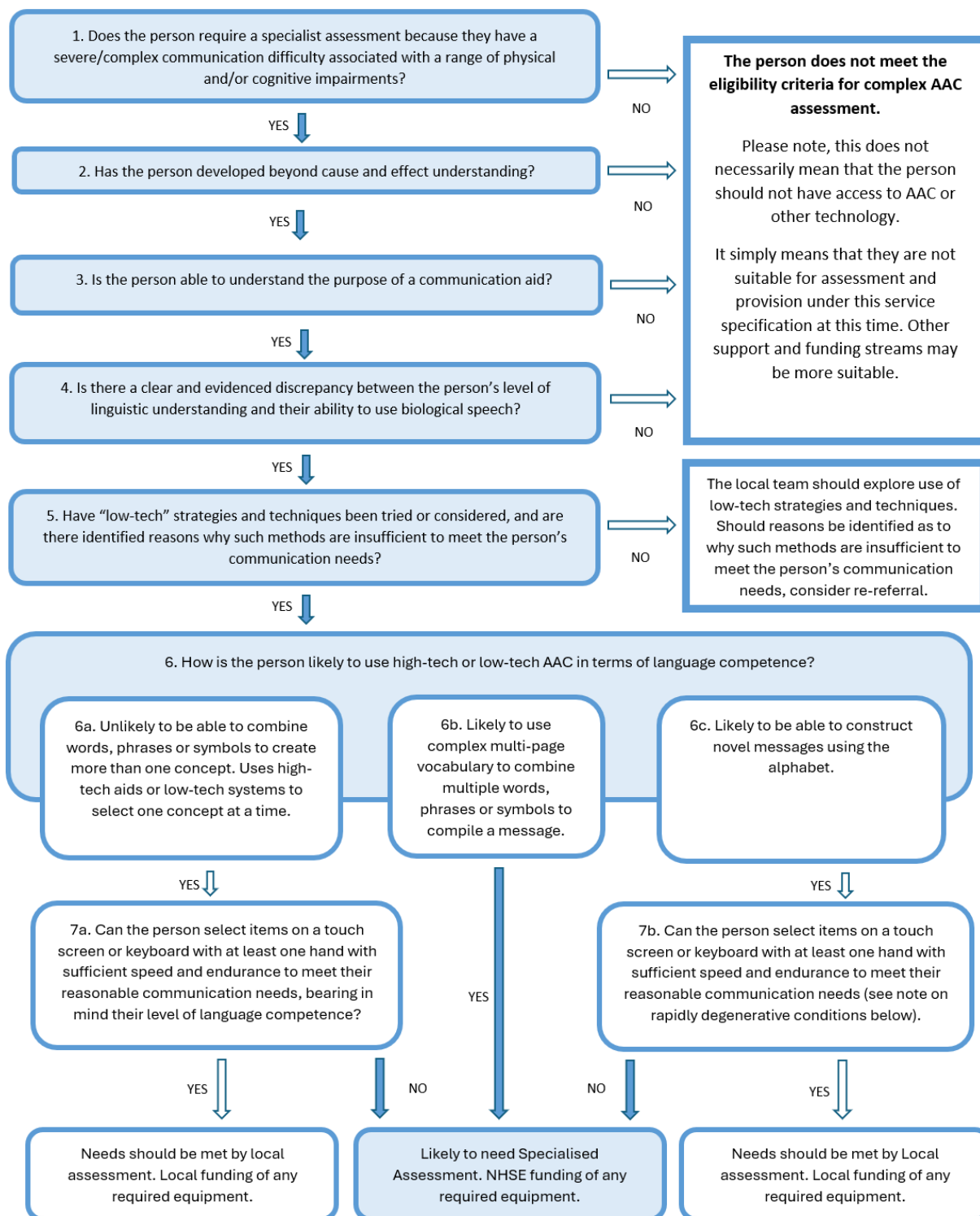
Pathway Section	Guidance on Eligibility	Examples
	Assessing language skills is essential to be able to provide full information when referring a person to a Specialised Service.	
6/7b. Is the person likely to use complex multi-page vocabulary to combine multiple words, phrases or symbols to compile a message?	<p>A person may require a specialist assessment if they are likely to use a high-tech system at a level where they are accessing a wide range of different pages and combining symbols to create their message. This is evidenced through their use of low-tech and their level of comprehension.</p> <p>The person should demonstrate ability to link ideas/semantic categories and syntactic functions beyond basic requests.</p> <p>Assessing language skills is essential to be able to provide full information when referring a person to a Specialised Service.</p>	<p>A person who can independently navigate through multiple pages to spontaneously convey a range of messages.</p> <p>Examples of using a comprehensive personalised communication book might be:</p> <p>a) Using a pragmatically organised communication book to convey “I go restaurant in the car” (e.g. I, <i>More to say</i>, <i>Let’s Go (Places)</i>, go, <i>Shops</i>, restaurant, go back to <i>Places</i>, in the car)</p> <p>b) Using core and fringe vocabulary in a comprehensive personalised communication book, to convey messages such as “I feel excited” “Not go bed” “Where + friend’s name?” “I like pepperoni pizza” “You pop bubbles” “I see red car”</p> <p>c) A person who has strategies to use the language available to them flexibly within their low-tech to communicate a message which is not available within their vocabulary e.g. “go + dog + doctor” (go to the vet’s)</p>

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		<p>A person who uses direct access to spell some high- frequency familiar words such as key words relating to highly motivating topics but would not be able to use their literacy skills to write novel sentences in a variety of situations. For this person, using a keyboard to communicate would not meet their functional communication needs so a symbol or word-based AAC system is required.</p>
<p>6 / 7c. If the person is likely to be able to use the alphabet to construct novel messages, can the person select items on a touchscreen or keyboard with at least 1 hand with sufficient speed and endurance to meet their reasonable communication needs?</p>	<p>A person may require a specialist assessment if they are literate (able to use an alphabet to compose messages successfully) but are unable to select items on a keyboard or touchscreen, with at least one hand, with sufficient speed and endurance to meet their functional communication needs.</p> <p>i.e. Do they now or are they expected to require an alternative access method within 18 weeks of referral given their rate of deterioration?</p> <p>Alternative access should be considered if current methods are impacting negatively on posture or tone.</p> <p>It would be expected that the clinician has fully explored the available off-the-shelf options before referring to a Specialised Service. If the clinician is not satisfied the adjustments support the person to access the keyboard or touchscreen to meet their</p>	<p>a) A person who has intact literacy and cognitive skills but little or no active upper limb function, due to reduced range or strength of movement, fatigue or pain and therefore cannot use a keyboard or touch screen sufficiently well to meet their communicative potential.</p> <p>b) A person who has Progressive Supranuclear Palsy and has visual difficulties that make it difficult to use a keyboard or touch screen sufficiently well to meet their communicative potential.</p>

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	<p>communication needs, they should consider referral to a Specialised Service.</p> <p>Assessing literacy is essential (reading and writing) to be able to provide full information when referring a person to a specialised service.</p>	

Decision Chart

Decision Chart: Guidance on Referral Criteria for Specialised AAC Services



NOTE: People with rapidly degenerative conditions can be referred before they meet all the criteria, particularly in terms of speech and hand function (boxes 4 and 7). The referrer and specialised AAC service team should be satisfied that they are deteriorating at a rate meaning that they're likely to meet the criteria within the time a communication aid would be provided. Although this time varies a period of 18 weeks is suggested. It is recognised that this is a difficult determination to make, but evidence of how a person has deteriorated in the previous 18 weeks prior to the referral will be useful. Decisions will be made on individual clinical circumstances.

Referral for re-assessment of AAC

- When a person already has a communication-aid provided by a Specialised Service, it is expected that the person should continue to meet the eligibility criteria.

For example:

- A person, whose AAC device is nearing its end of life and will require a new device soon, can be referred if there is evidence that they are using the device to meet their agreed communication goals (considering the communicative opportunities available to them) and as expected, based on their assessed language competence.
- A person who finds it difficult to use their device because their physical abilities/needs have changed, can be referred if there is evidence that they were previously using their device in line with their agreed communication goals.
- A person who is a long-term and normally consistent AAC user, but whose use of AAC has significantly changed following a change in their home and support situation, can be referred for reassessment.

Evidence

- Video footage of a person, demonstrating the use of their device in a range of functional situations, would provide good evidence of the need for specialist re-assessment. Most Specialised AAC Services will have a secure way for video footage to be provided with consent of the person concerned.
- The person uses their device functionally with you, during your session with them.
- Detailed descriptions of how a communication aid was being used, prior to a change in their needs.