ALS and its progressive nature present unique challenges to patients as it relates to their ability to communicate verbally. The ALS Association, Georgia Chapter is aware of these challenges and is dedicated to providing programs and services that impact quality of life relative to communication. Most persons diagnosed with ALS will experience difficulty with speech throughout the disease trajectory and in some cases, the ability to communicate verbally will be lost. This is frustrating and emotionally devastating for the person with ALS, (pALS), their families and caregivers. Communicating effectively allows individuals to maintain a certain level of independence, remain an active participant in the community and make informed medical decisions throughout their disease journey.

Augmentative/Alternative Communication (aka AAC) is identified as any mode of communication other than speech. These modes of communication or Assistive Technology provides persons with ALS new and alternative means of staying active and support their continued ability to participate in everyday activities. Opportunities range from low technology such as speech and communication boards to more high technology devices that incorporate eye gaze options. Access to devices can be challenging depending upon funding sources. Although Medicare, Medicaid and most private insurance companies will cover the cost of high-tech options, selection, utilization and continued maintenance of said equipment can be challenging.

Honoring our commitment to persons diagnosed with ALS, their families, caregivers and allied professionals, The ALSAGA has developed a comprehensive program that addresses individual needs and communicate awareness via the Assistive Technology Program. Service opportunities for pALS and their caregivers include:

I. **Initial AAC Consult and Education**- Persons registered with The Association are afforded the opportunity to receive an initial consultation and education session regarding augmentative communication needs. It is recommended that individuals be proactive regarding their communication needs and this education session will provide an introduction to various devices and communication tools; address basic tenets of Medicare required evaluations and documentation needed to obtain high tech options.

II. **Aug Com Loaner Closet**- Aug Comm Loaner Program can provide pALS with equipment and tools to aid in their verbal communication. Items include Communication Boards, Boogie Boards, IPads, Speech Applications and Communication/Computer Devices. Individuals are able to use equipment via the closet with minimal limits. However, due to the progressive nature of ALS, the loaner IPads are available for approximately 6 months or until the person with ALS experiences a functional decline that warrants a more advance device.
III. **Speech and Language Pathologist Referrals**: Access to care is often hindered by the lack of resources in the community. ALS is unique in that it presents differently, and utilization of devices depends upon the order to treat, identification of a SLP that is knowledgeable beyond the medical assessment/evaluation. The ALSAGA is committed to working in partnership with our ALS Clinics and private neurologist in the identification of a SLP in the patient’s community that can provide care. The ALSAGA Aug Com Specialist will act as a resources/liaison to the community provider in order to minimize gaps in learning. Persons with ALS will be required to sign a release of information in order to facilitate dialogue.

IV. **Education/CEU Opportunities**: The ALSAGA will offer education and in-service opportunities for community-based home health organizations that provide SLP services to the ALS community. The ALSAGA will partner with vendors, academia and accreditation boards to provide these opportunities in the 5 public healthcare regions to strengthen access to care from knowledgeable professionals.

V. **AAC Device Education/Training**: The ALSAGA Aug Comm Specialist will provide pALS with one on one education and training relevant to specific AAC devices. Technology is constantly changing. Vendor support is limited and thus pALS will often have access to equipment but are unable to utilize it proficiently based on individual need and functioning.

VI. **The ALS Care Grant Program**: The ALS Care Grant Program can be utilized for those cost paid directly. When submitting your application please identify the reimbursement category. Families are eligible for this opportunity twice a year, $750.00 per application. Receipts are required for reimbursement.

VII. **Smart Home Starter Kits**: The ALSAGA Association in partnership with BestBuy are committed to supporting independence with persons diagnosed with ALS. The ability to remain in the home is a desire of all those impacted. The Smart Home Starter Kit will provide the basic technology and support to support this goal. The Kits include, Ring Doorbell, Kwikiset Smart Lock, the Amazon Echo Dot and Geek Squad instillation.

Eligibility for program services are based on individual needs. First priority is given to those who cannot access services through their insurance providers and are unable to pay privately.

In order to be considered for this opportunity, applicants must:

- Be registered with The ALSAGA with a diagnosis of ALS or PLS
- Have obtained an order to treat from the multidisciplinary clinic or private neurologist
- Have a completed referral submitted to the CS Department. Forms can be accessed by emailing careservices@alsaga.org or from the Care Service Coordinator at clinic.

*It is important to note that if the referral is made because of long wait times from another community provider and not due to financial needs, the request may be denied.* Once the referral is approved, all parties will be notified, and the request will be assigned to the appropriate community partner or The ALSAGA Aug Com Specialist. The ALS Association will reimburse the community provider directly for services rendered.
Assistive Technology and DME Referral Form

Referring Clinic: __________________________ Date of Request: ______________

Applicant Information

Name: __________________________________________ Last First M.I.

Address: __________________________________________ Street Address Apartment/Unit #

City __________________________________________ State ________ Zip Code ________

Phone: __________________________ Email: __________________________

Insurance Provider: __________________________ Date of Diagnosis: ______________

Primary Caregiver: __________________________ Last First Relationship

Most Recent Clinic Appt: __________________________

Barriers to Care

Military Service

Veteran ☐ Yes ☐ No Benefit Status: ☐ Applied: ☐ Yes ☐ No Pending: ☐ Yes ☐ No

Receiving: ☐ Yes ☐ No if yes, explain: __________________________

Speech Therapy

Diagnostic Code: __________________________

☐ Evaluate and Treat ☐ Speech/Language Therapy

Physician Signature: __________________________

Needs Assessment

Current Communication Status
& Needs (e.g., low or high tech, access):

________________________________________

Clinic Staff Signature: __________________________ Date: ______________