recognizing value

National Outcomes Measurement System

Count Me In

Adults in Healthcare

Outpatient

(Outpatient Rehab, Comprehensive Outpatient Rehab Facility, Office-Based Services, Day Treatment)

National Data Report
2012– 2016

ASHA
American Speech-Language-Hearing Association

Table of Contents

INTRODUCTION

The information contained in this report is based on the data collected from the American Speech-Language-Hearing Association's National Outcomes Measurement System (NOMS). The NOMS Adult Healthcare component utilizes the Functional Communication Measures (FCMs), a series of seven-point scales, to assess functional change in communication and swallowing abilities over time (see the appendix for a full list of FCMs and a sample seven-point scale).

This report summarizes findings from national data collected in outpatient rehabilitation treatment settings between 2012 and 2016. The data enclosed give a detailed look at patient characteristics and service delivery patterns of 30,462 adults receiving speech-language pathology services.

NOMS data provide crucial information about speech-language pathology intervention. Health care, education, and insurance policy changes can be informed by these data. In addition, NOMS data justify the need for speech-language pathology services to be included in managed care systems and employee benefits packages. NOMS data also elucidate the impact of those services, including how certain service characteristics maximize results for consumers, other clinicians, administrators, and policymakers.

Healthcare facilities participating in NOMS have access to reports that summarize and compare their data to the rest of the country. If your facility is not currently participating in NOMS and you would like to find out more information, please visit our web site at http://www.asha.org/NOMS.

Suggested Citation

American Speech-Language-Hearing Association. (2019). *National Outcomes Measurement System: Adults in Healthcare–Outpatient National Data Report 2019.* Rockville, MD: National Center for Evidence-Based Practice in Communication Disorders.

REPORT HIGHLIGHTS

- Greater than 50% of patients who received speech and language services in the outpatient setting were 60 years old and older (p. 6).
- More than half (55.9%) of the patients treated had a medical diagnosis of cerebrovascular disease, CNS diseases, head injury, or respiratory diseases (p. 7).
- The majority of patients had an SLP diagnosis of cognitive communication disorder, aphasia, dysphagia or voice disorder (p. 7).
- More than half of patients (57.7%) did not receive SLP services before being admitted into an outpatient facility (p. 8).
- Increases in number of sessions and hours of treatment for the top FCMs addressed resulted in more patients making progress (pp. 11-14, 20-23, 29-30, 36-39).
- Most patients received two therapy sessions per week for 46-60 minutes per session (p. 17, 26, 33, 42).

SECTION I

PATIENT CHARACTERISTICS

- Race/Ethnicity
- Age
- Primary Medical Diagnosis
- SLP Diagnosis
- Setting Previous to Current Admission
- SLP Services in the Previous Setting
- Primary Funding Source

PATIENT CHARACTERISTICS

Table 1: Race/Ethnicity

Race/Ethnicity	Percent
White	80.1%
Black or African American	10.3%
Hispanic or Latino	3.9%
Asian	2.3%
American Indian or Alaska Native	0.5%
Native Hawaiian or Other Pacific Islander	0.3%
Unknown	3.0%

Percentages may total more than 100% because a patient may have selected multiple race/ethnicity categories.

Figure 1: Age of Patients

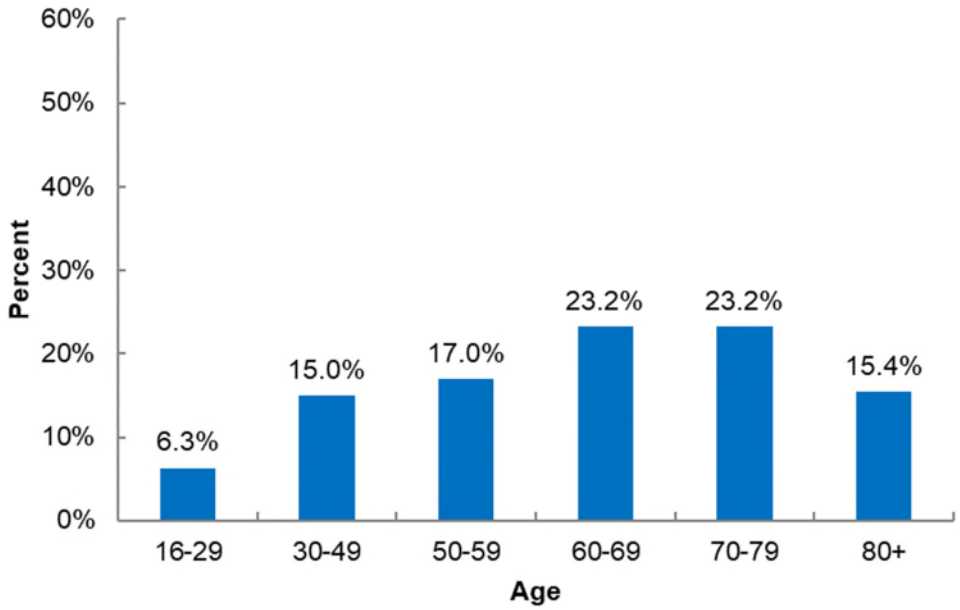
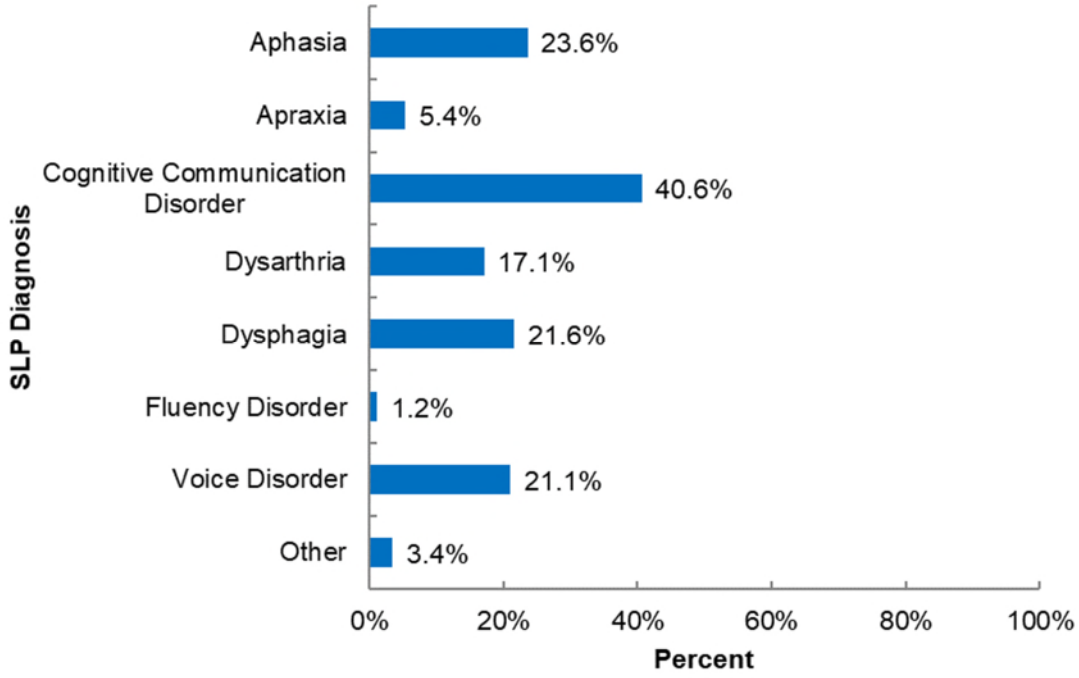


Table 2: Medical Diagnoses

Medical Diagnosis	Percent
Cerebrovascular Disease	27.0%
CNS Diseases	13.1%
Head Injury	8.9%
Respiratory Diseases	6.9%
Other Neoplasm	5.8%
Mental Disorders	4.8%
Occlusion/TIA	3.6%
Neoplasm Lip/Pharynx	1.5%
Neoplasm Larynx	1.0%
Hemorrhage/Injury	0.9%
Encephalopathy	0.7%
Anoxia	0.4%
All Others	37.9%

Percentages may total more than 100% because a patient may have multiple medical diagnoses.

Figure 2: SLP Diagnoses



Percentages may total more than 100% because a patient may have multiple SLP diagnoses.

Table 3: Previous Setting

Previous Setting	Percent
Home	64.4%
Inpatient Rehab	17.7%
Acute Hospital	8.8%
Assisted Living	2.0%
Skilled Nursing	1.9%
Subacute	0.7%
Other	2.5%
Unknown	2.1%
TOTAL	**100%**

Figure 3: Did Patient Receive SLP Services in Previous Setting?

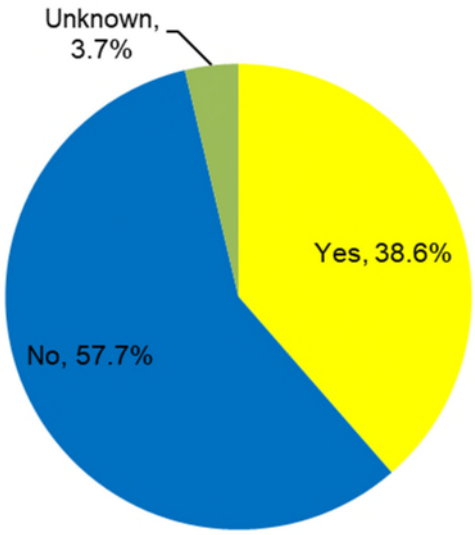


Table 4: Primary Funding Source

Primary Funding Source	Percent
Medicare – Part B	41.9%
Managed Care Plans	23.9%
Commercial Fee-for-Service	13.6%
Medicare – Part A	6.9%
Medicaid (managed care)	3.9%
Medicaid (fee-for-service)	1.9%
Self-Pay	1.5%
Medicare – Part C/Advantage	1.3%
Veteran's Administration	0.4%
Unknown	4.5%
TOTAL	**100%**

SECTION II

STROKE PATIENTS

Includes Patients Diagnosed with

- Cerebrovascular Disease
- Occlusion/TIA

- Average Amount of Treatment by Service Delivery Model
- Functional Communication Measures Treated
- FCM Progress
- Average Length of Stay
- Primary Reason for Discharge
- Continued SLP Treatment Recommended at Discharge
- Patient Setting Subsequent to Discharge
- Average Number of Sessions Per Week
- Length of Typical Session

STROKE PATIENTS

Table 5: Average Amount of Treatment by Service Delivery Model (in hours)

Service Delivery	Mean Hours
Individual	11.8
Group	16.0
Training/Consultation	6.9
All Patients	**11.9**

**Insufficient data.*
Mean for all patients may be reflective of data from patients who received services in more than one service delivery model.

Table 6: Functional Communication Measures Treated

FCM	Percent
Spoken Language Expression	45.8%
Memory	30.6%
Motor Speech	25.9%
Spoken Language Comprehension	25.4%
Attention	17.9%
Problem Solving	17.3%
Reading	15.5%
Swallowing	12.9%
Writing	10.1%
Voice	3.8%
Augmentative-Alternative Communication	1.9%
Pragmatics	1.4%
Fluency	1.0%
Voice Following Tracheostomy	0.1%
Alaryngeal Communication	<0.1%

Percentages may total more than 100% because a patient may have been scored on multiple FCMs.

Stroke Patients

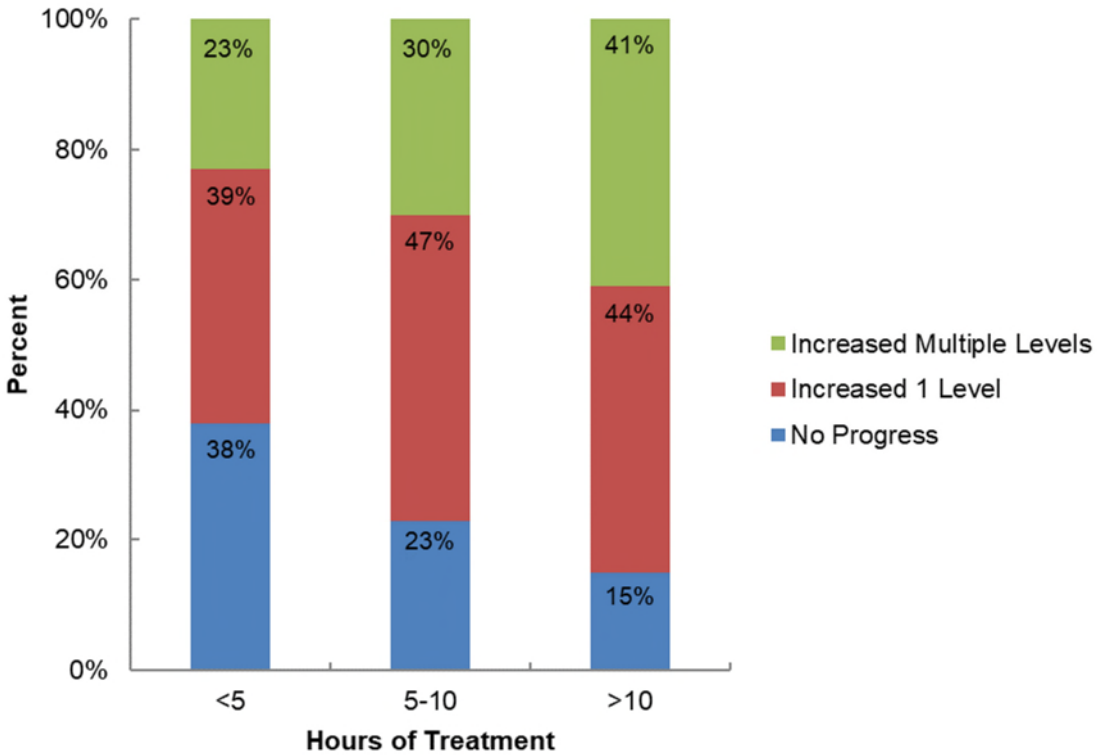
Progress in Top Four FCMs

Spoken Language Expression

Table 7: FCM Progress by Mean Number of Treatment Sessions and Treatment Time

Progress	Percent	Sessions	Time (hr)
No Progress	21.9%	7.8	5.5
Increase 1 Level	43.7%	9.7	7.1
Increase Multiple Levels	34.4%	12.6	9.5
TOTAL	**100%**	**10.3**	**7.6**

Figure 4: FCM Progress by Hours of Treatment Time



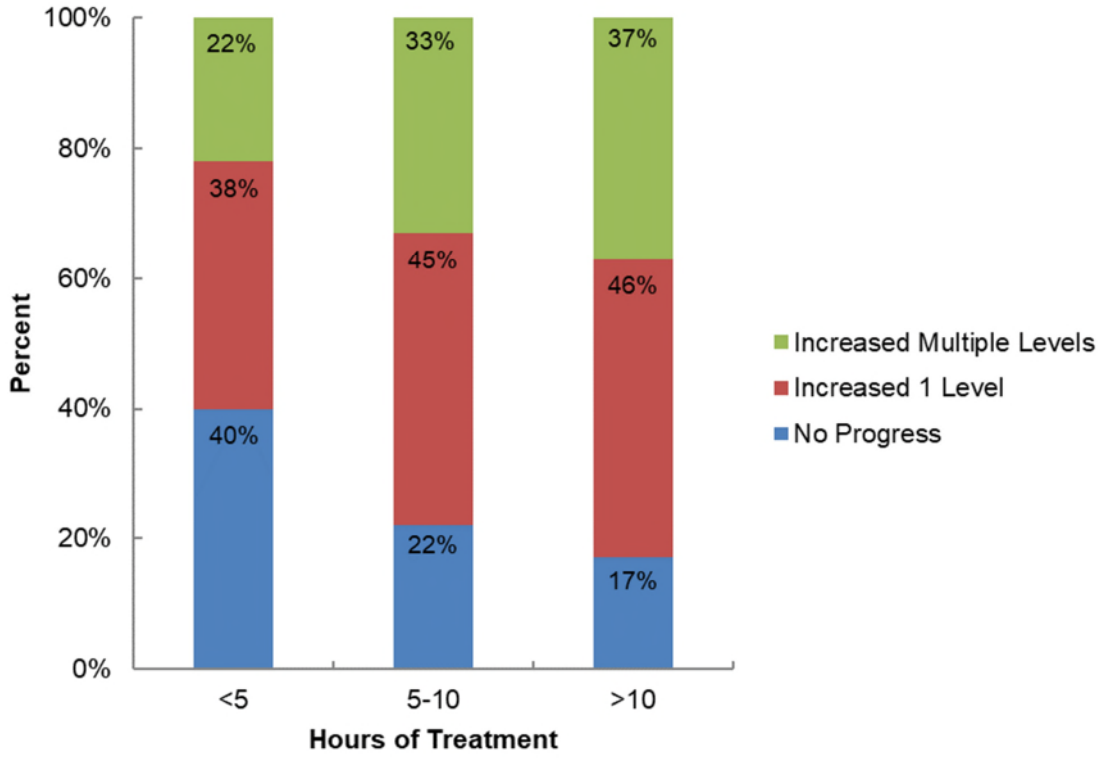
Stroke Patients

Memory

Table 8: FCM Progress by Mean Number of Treatment Sessions and Treatment Time

Progress	Percent	Sessions	Time (hr)
No Progress	25.8%	5.3	3.8
Increase 1 Level	42.8%	7.2	5.3
Increase Multiple Levels	31.4%	7.6	5.7
TOTAL	**100%**	**6.8**	**5.0**

Figure 5: FCM Progress by Hours of Treatment Time



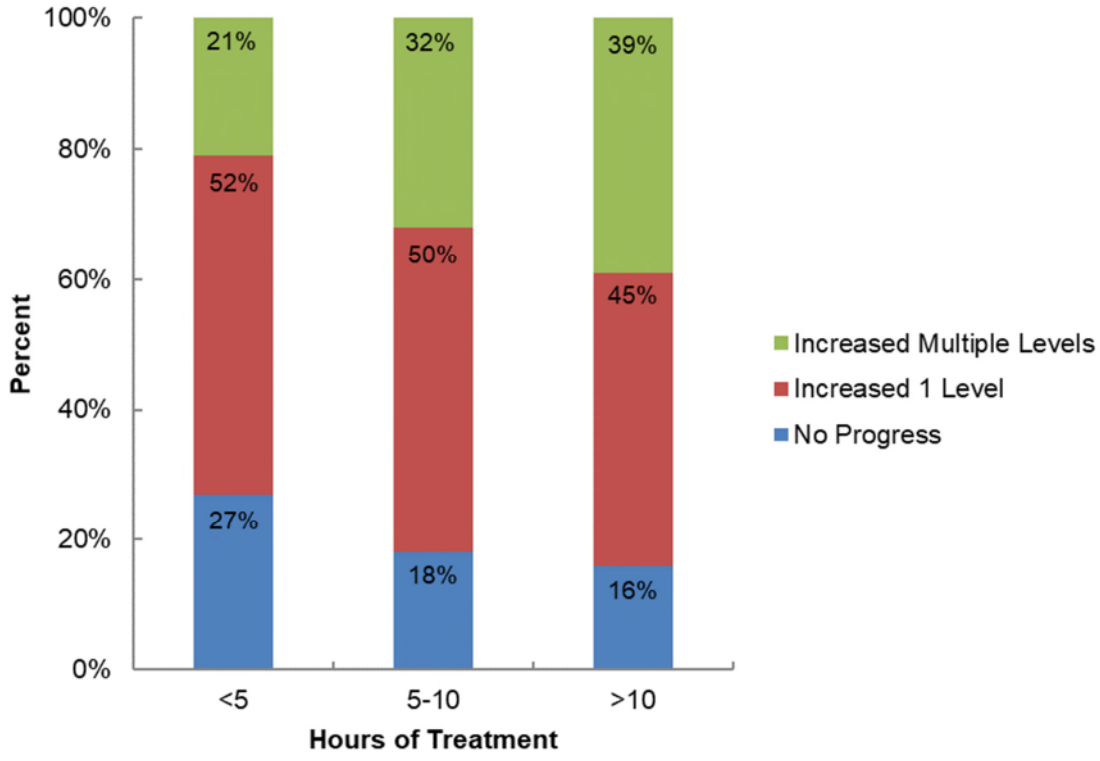
Stroke Patients

Motor Speech

Table 9: FCM Progress by Mean Number of Treatment Sessions and Treatment Time

Progress	Percent	Sessions	Time (hr)
No Progress	20.3%	5.9	4.1
Increase 1 Level	48.8%	6.7	4.8
Increase Multiple Levels	30.9%	9.2	6.7
TOTAL	**100%**	**7.3**	**5.2**

Figure 6: FCM Progress by Hours of Treatment Time



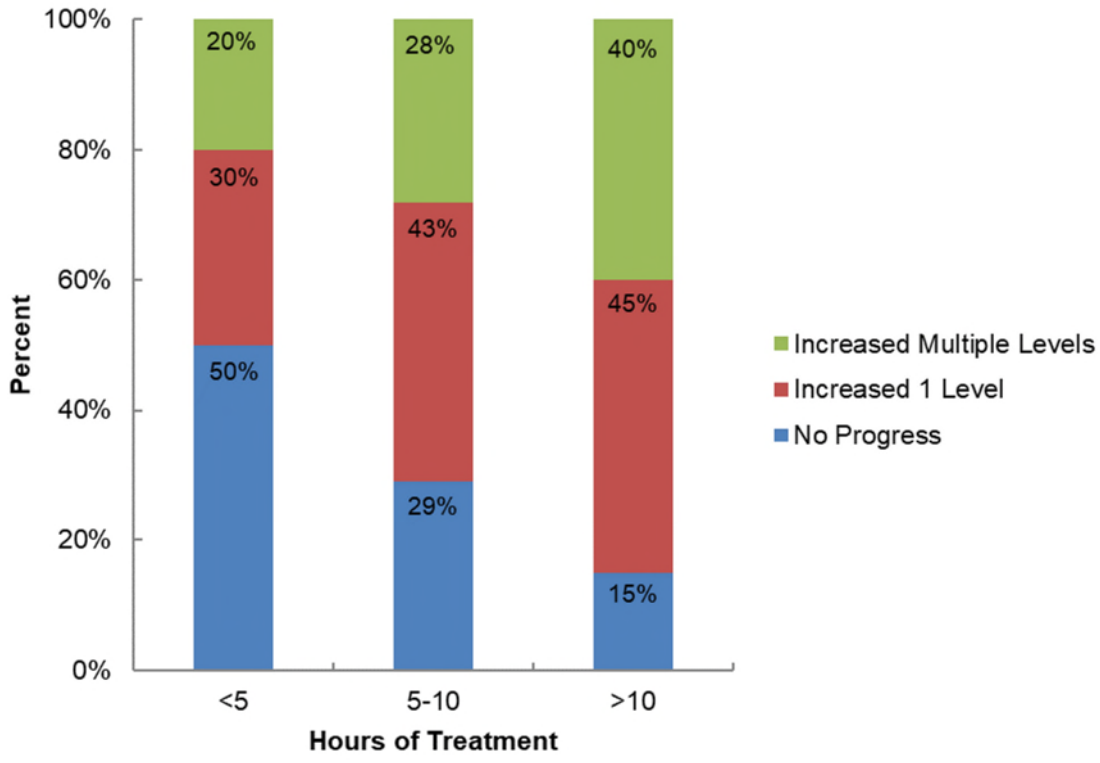
Stroke Patients

Spoken Language Comprehension

Table 10: FCM Progress by Mean Number of Treatment Sessions and Treatment Time

Progress	Percent	Sessions	Time (hr)
No Progress	24.6%	4.8	3.5
Increase 1 Level	41.8%	7.0	5.2
Increase Multiple Levels	33.6%	8.8	6.6
TOTAL	**100%**	**7.0**	**5.3**

Figure 7: FCM Progress by Hours of Treatment Time



Stroke Patients

Table 11: Average Length of Stay (in days)

LOS	Mean
Length of Stay (days)	70.1

Table 12: Primary Reason for Discharge

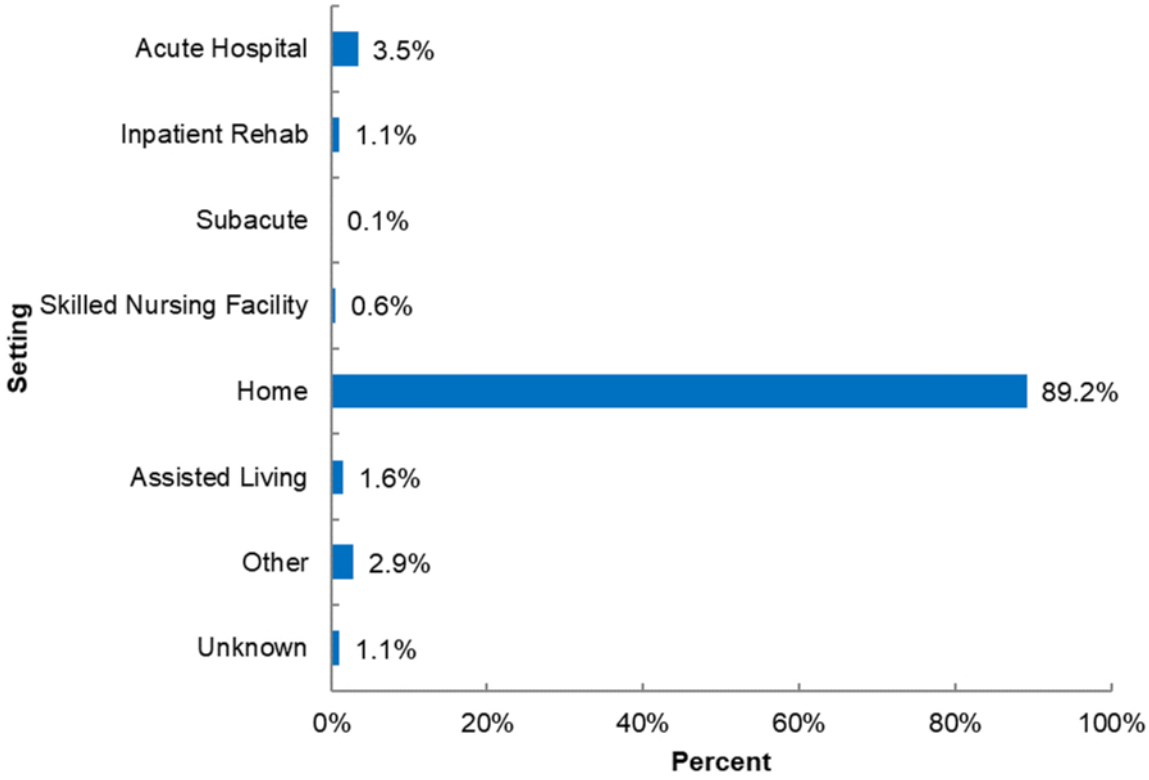
Discharge Reason	Percent
Treatment Goals Met	57.0%
Patient Progress Plateaued	12.7%
Patient Requested or Non-compliance	11.2%
Insurance Benefits Exhausted or Declined	5.1%
Change in Medical Condition	4.9%
Patient Discharged to Another Level of Care	3.1%
Other	6.0%
TOTAL	**100%**

Table 13: Continued SLP Treatment Recommended at Discharge?

Recommended?	Percent
Yes	27.9%
No	72.1%
TOTAL	**100%**

Stroke Patients

Figure 8: Setting Subsequent to Discharge



Stroke Patients

Figure 9: Average Number of Sessions per Week

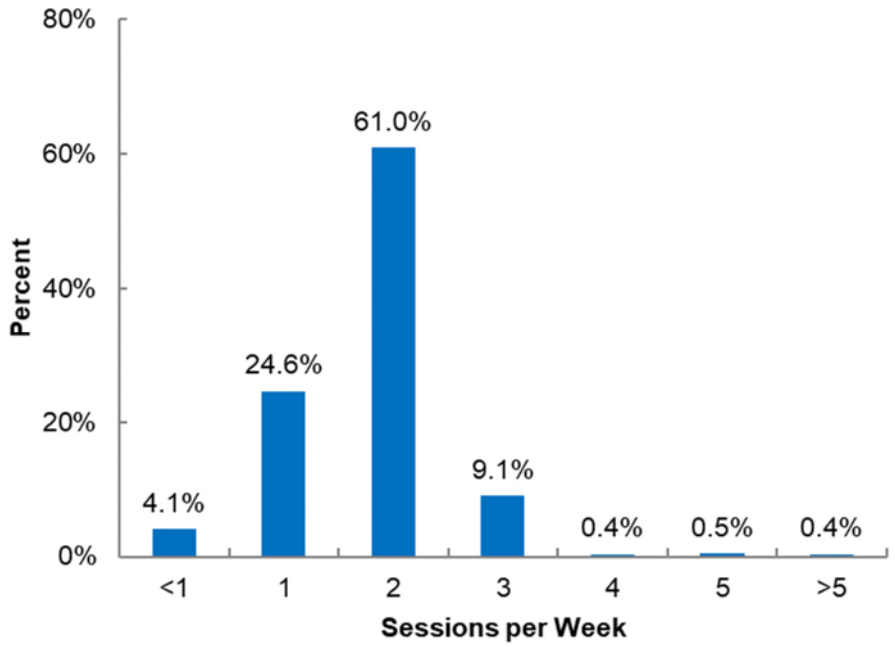
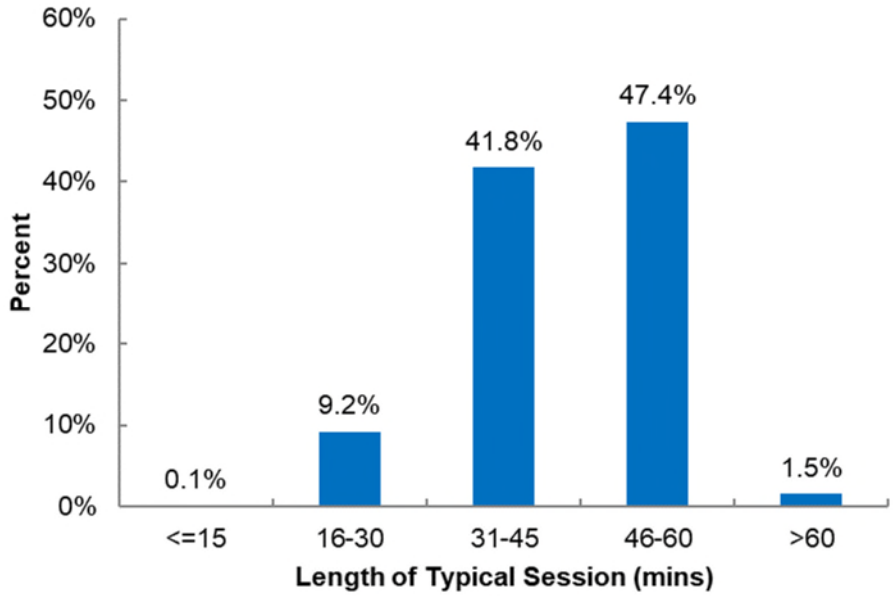


Figure 10: Length of Typical Session (in minutes)



SECTION III

BRAIN INJURY PATIENTS

Includes Patients Diagnosed with

- Head Injury
- Hemorrhage/Injury

- Average Amount of Treatment by Service Delivery Model
- Functional Communication Measures Treated
- FCM Progress
- Average Length of Stay
- Primary Reason for Discharge
- Continued SLP Treatment Recommended at Discharge
- Patient Setting Subsequent to Discharge
- Average Number of Sessions Per Week
- Length of Typical Session

BRAIN INJURY PATIENTS

Table 14: Average Amount of Treatment by Service Delivery Model (in hours)

Service Delivery	Mean Hours
Individual	12.3
Group	8.9
Training/Consultation	*
All Patients	**12.6**

**Insufficient data.*
Mean for all patients may be reflective of data from patients who received services in more than one service delivery model.

Table 15: Functional Communication Measures Treated

FCM	Percent
Memory	62.2%
Attention	46.9%
Problem Solving	35.4%
Spoken Language Expression	25.0%
Spoken Language Comprehension	17.7%
Reading	10.2%
Motor Speech	8.6%
Swallowing	5.9%
Pragmatics	4.8%
Writing	4.2%
Voice	2.5%
Fluency	1.2%
Augmentative-Alternative Communication	1.2%
Voice Following Tracheostomy	0.2%
Alaryngeal Communication	0.1%

Percentages may total more than 100% because a patient may have been scored on multiple FCMs.

Brain Injury Patients

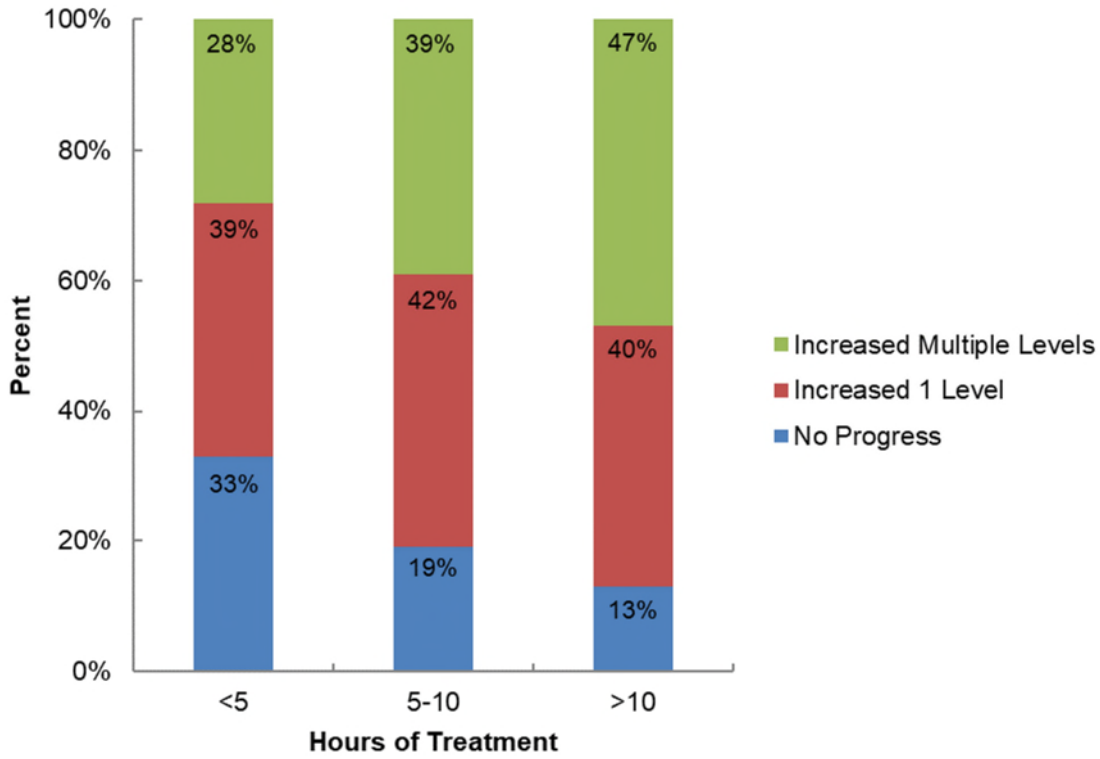
Progress in Top Four FCMs

Memory

Table 16: FCM Progress by Mean Number of Treatment Sessions and Treatment Time

Progress	Percent	Sessions	Time (hr)
No Progress	20.6%	6.0	4.4
Increase 1 Level	39.8%	8.2	6.2
Increase Multiple Levels	39.6%	9.8	7.2
TOTAL	**100%**	**8.4**	**6.2**

Figure 11: FCM Progress by Hours of Treatment Time



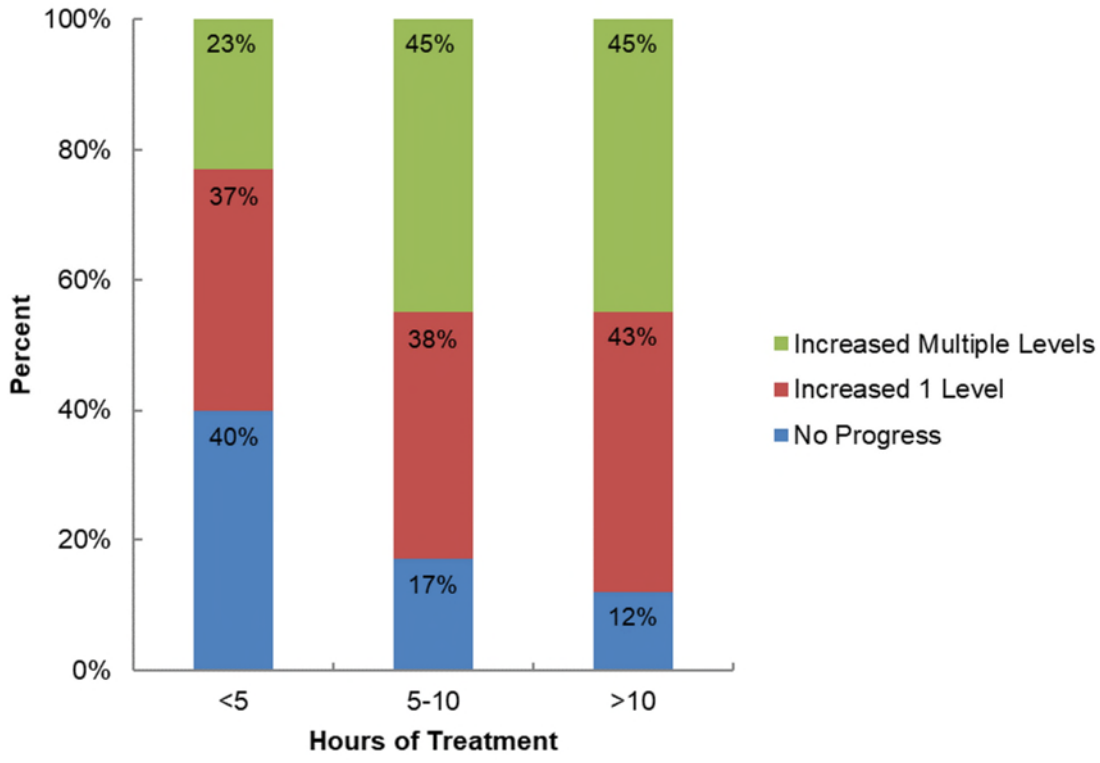
Brain Injury Patients

Attention

Table 17: FCM Progress by Mean Number of Treatment Sessions and Treatment Time

Progress	Percent	Sessions	Time (hr)
No Progress	19.8%	4.2	3.3
Increase 1 Level	40.0%	7.7	5.9
Increase Multiple Levels	40.2%	9.5	7.3
TOTAL	**100%**	**7.7**	**6.0**

Figure 12: FCM Progress by Hours of Treatment Time



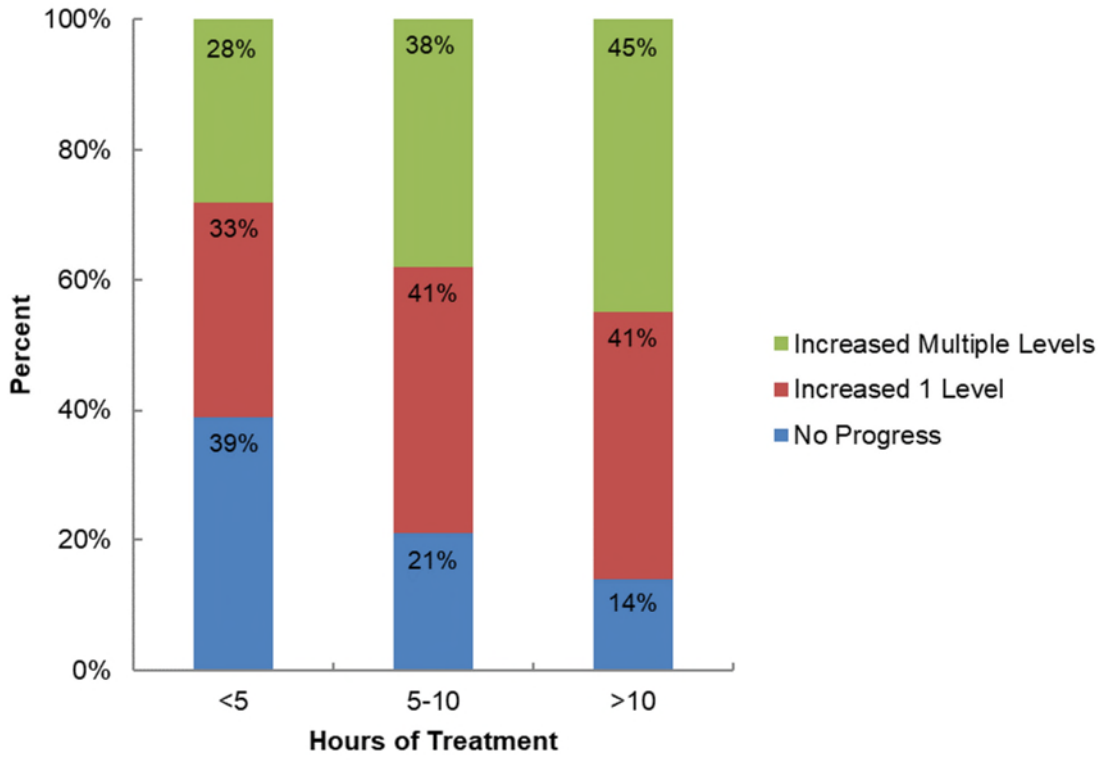
Brain Injury Patients

Problem Solving

Table 18: FCM Progress by Mean Number of Treatment Sessions and Treatment Time

Progress	Percent	Sessions	Time (hr)
No Progress	21.7%	4.3	3.4
Increase 1 Level	39.0%	7.2	5.7
Increase Multiple Levels	39.3%	7.4	5.8
TOTAL	**100%**	**6.7**	**5.2**

Figure 13: FCM Progress by Hours of Treatment Time

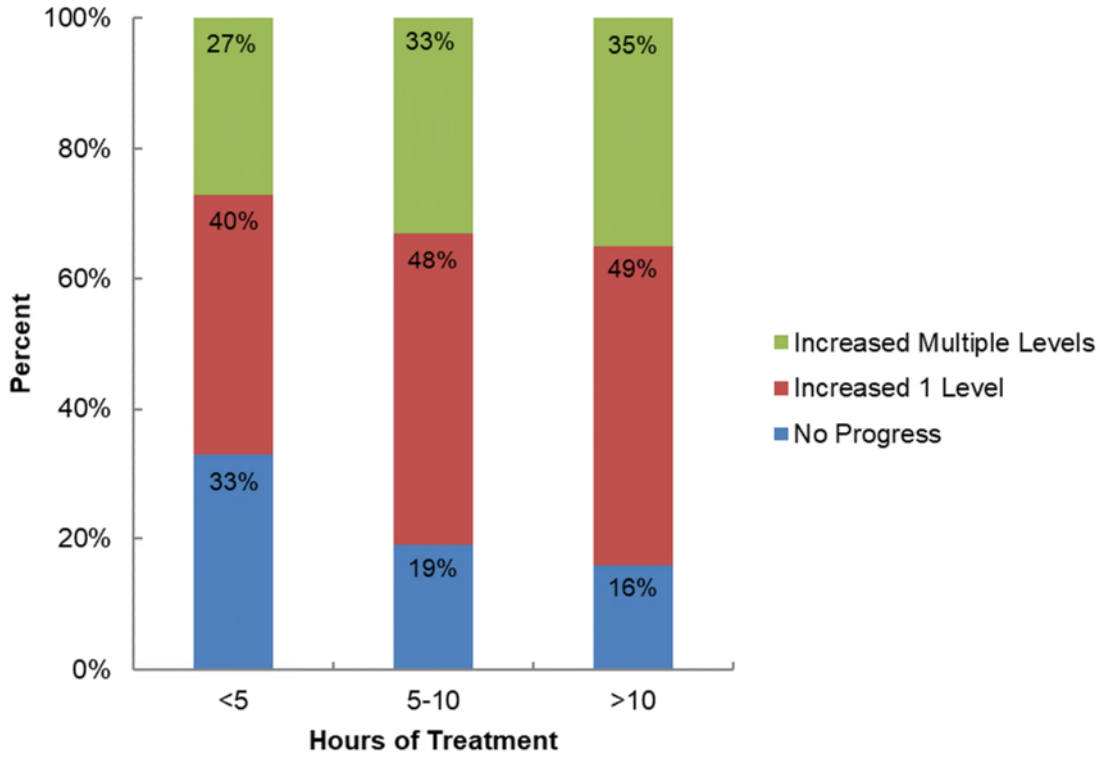


Spoken Language Expression

Table 19: FCM Progress by Mean Number of Treatment Sessions and Treatment Time

Progress	Percent	Sessions	Time (hr)
No Progress	20.4%	5.1	3.8
Increase 1 Level	46.4%	6.2	5.0
Increase Multiple Levels	33.2%	6.8	5.2
TOTAL	**100%**	**6.2**	**4.8**

Figure 14: FCM Progress by Hours of Treatment Time



Brain Injury Patients

Table 20: Average Length of Stay (in days)

LOS	Mean
Length of Stay (days)	76.0

Table 21: Primary Reason for Discharge

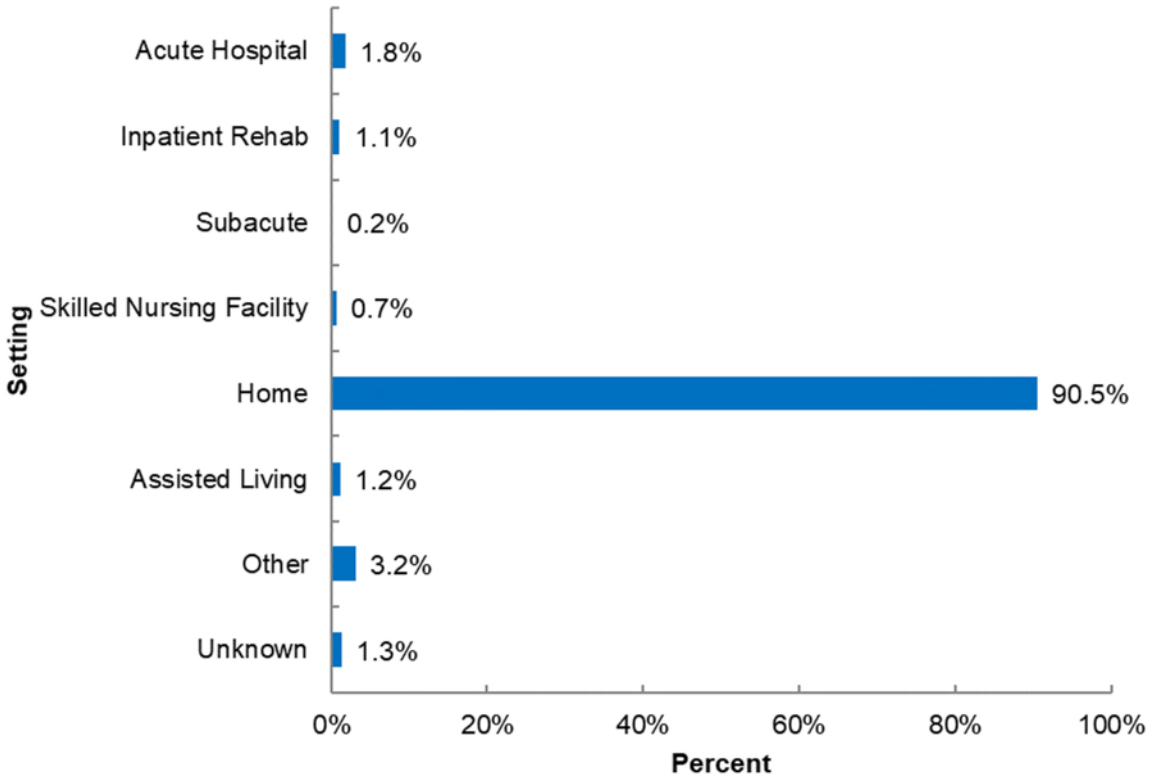
Discharge Reason	Percent
Treatment Goals Met	62.1%
Patient Requested or Non-compliance	10.4%
Patient Progress Plateaued	10.0%
Insurance Benefits Exhausted or Declined	4.4%
Change in Medical Condition	3.3%
Patient Discharged to Another Level of Care	2.8%
Other	7.0%
TOTAL	**100%**

Table 22: Continued SLP Treatment Recommended at Discharge?

Recommended?	Percent
Yes	26.8%
No	73.2%
TOTAL	**100%**

Brain Injury Patients

Figure 15: Setting Subsequent to Discharge



Brain Injury Patients

Figure 16: Average Number of Sessions per Week

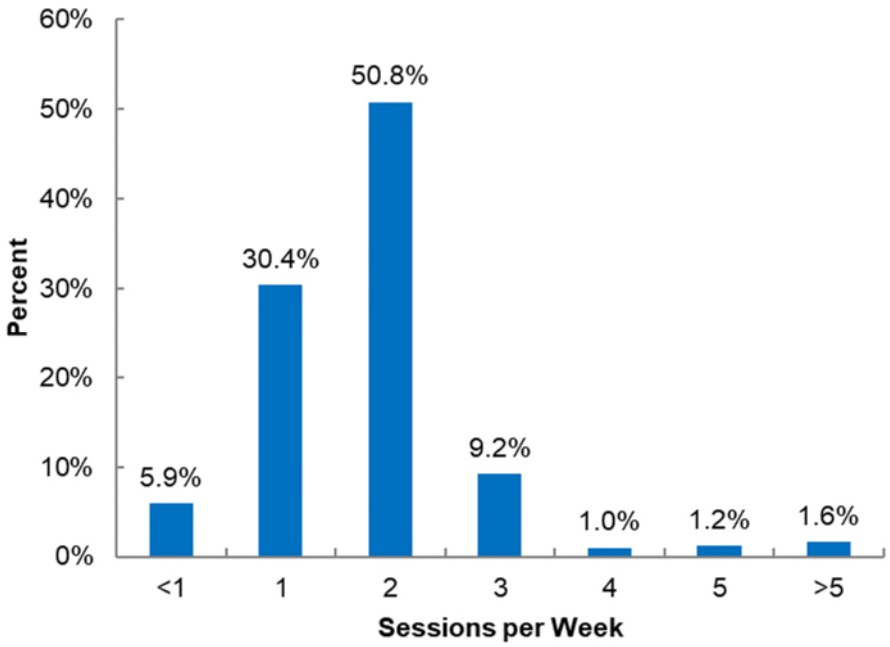
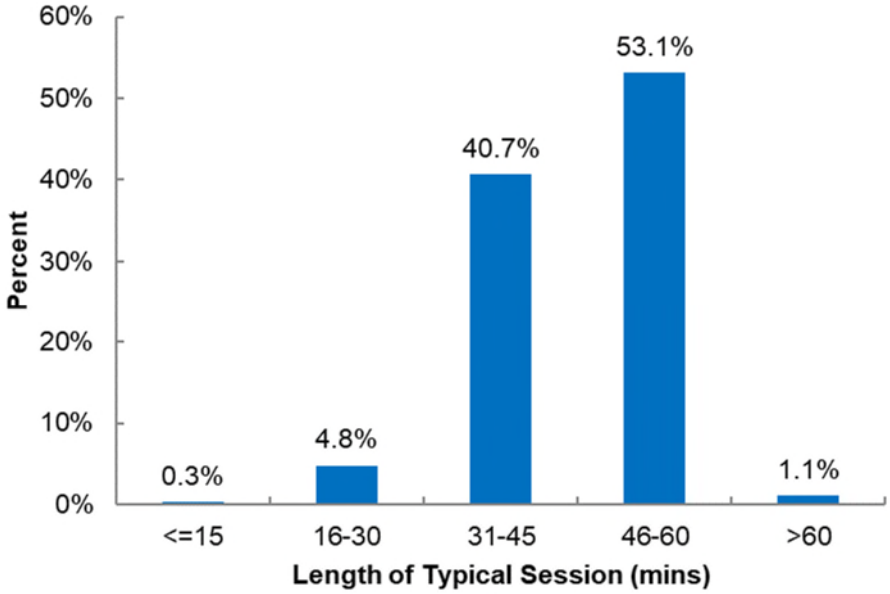


Figure 17: Length of Typical Session (in minutes)



SECTION IV

PATIENTS WITH RESPIRATORY DISEASES

- Average Amount of Treatment by Service Delivery Model
- Functional Communication Measures Treated
- FCM Progress
- Average Length of Stay
- Primary Reason for Discharge
- Continued SLP Treatment Recommended at Discharge
- Patient Setting Subsequent to Discharge
- Average Number of Sessions Per Week
- Length of Typical Session

RESPIRATORY PATIENTS

Table 23: Average Amount of Treatment by Service Delivery Model (in hours)

Service Delivery	Mean Hours
Individual	5.6
Group	*
Training/Consultation	*
All Patients	**5.6**

**Insufficient data.*
Mean for all patients may be reflective of data from patients who received services in more than one service delivery model.

Table 24: Functional Communication Measures Treated

FCM	Percent
Voice	81.2%
Swallowing	18.7%
Memory	1.9%
Motor Speech	1.6%
Spoken Language Expression	1.1%
Problem Solving	1.1%
Spoken Language Comprehension	0.9%
Attention	0.7%
Voice Following Tracheostomy	0.2%
Reading	0.2%
Fluency	0.1%
Writing	0.1%
Augmentative-Alternative Communication	0.1%
Pragmatics	0.1%
Alaryngeal Communication	<0.1%

Percentages may total more than 100% because a patient may have been scored on multiple FCMs.

Respiratory Patients

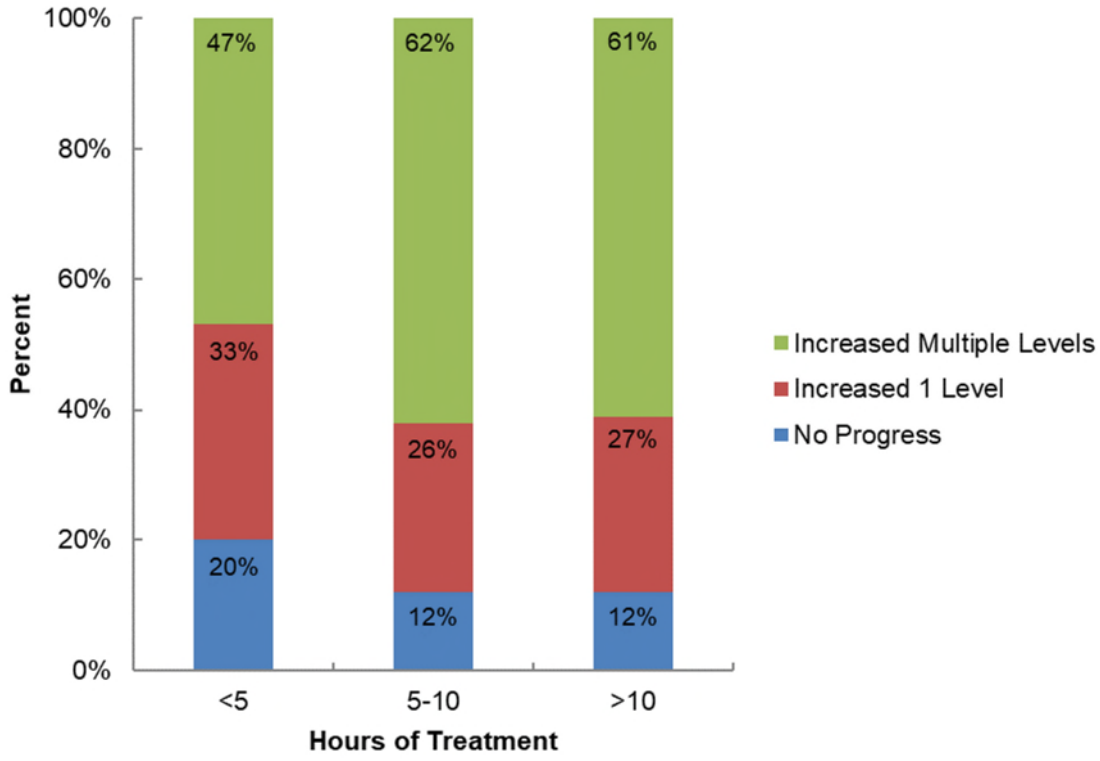
Progress in Top Two FCMs

Voice

Table 25: FCM Progress by Mean Number of Treatment Sessions and Treatment Time

Progress	Percent	Sessions	Time (hr)
No Progress	17.7%	5.2	3.7
Increase 1 Level	31.2%	5.9	4.2
Increase Multiple Levels	51.2%	7.2	5.4
TOTAL	**100%**	**6.4**	**4.7**

Figure 18: FCM Progress by Hours of Treatment Time

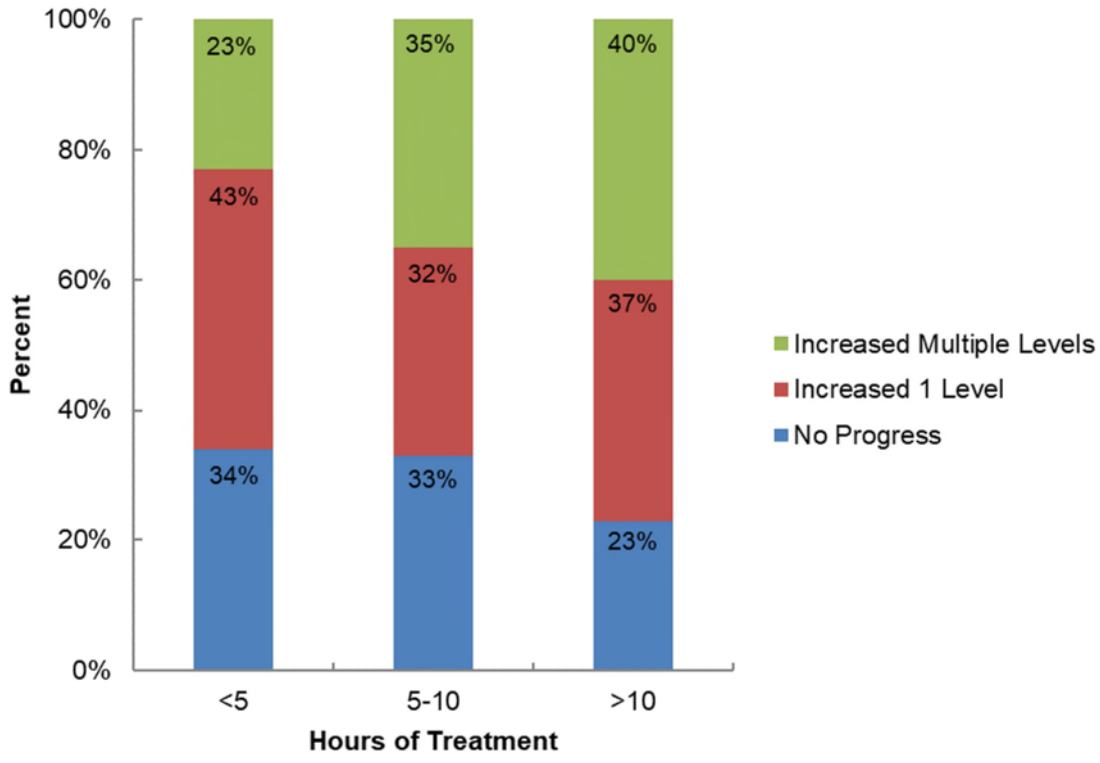


Swallowing

Table 26: FCM Progress by Mean Number of Treatment Sessions and Treatment Time

Progress	Percent	Sessions	Time (hr)
No Progress	31.0%	6.8	4.8
Increase 1 Level	39.0%	8.5	6.7
Increase Multiple Levels	30.0%	10.7	7.9
TOTAL	**100%**	**8.6**	**6.5**

Figure 19: FCM Progress by Hours of Treatment Time



Respiratory Patients

Table 27: Average Length of Stay (in days)

LOS	Mean
Length of Stay (days)	53.6

Table 28: Primary Reason for Discharge

Discharge Reason	Percent
Treatment Goals Met	69.7%
Patient Requested or Non-compliance	12.5%
Patient Progress Plateaued	6.4%
Change in Medical Condition	3.5%
Patient Discharged to Another Level of Care	2.1%
Insurance Benefits Exhausted or Declined	1.0%
Other	4.8%
TOTAL	**100%**

Table 29: Continued SLP Treatment Recommended at Discharge?

Recommended?	Percent
Yes	19.0%
No	81.0%
TOTAL	**100%**

Figure 20: Setting Subsequent to Discharge

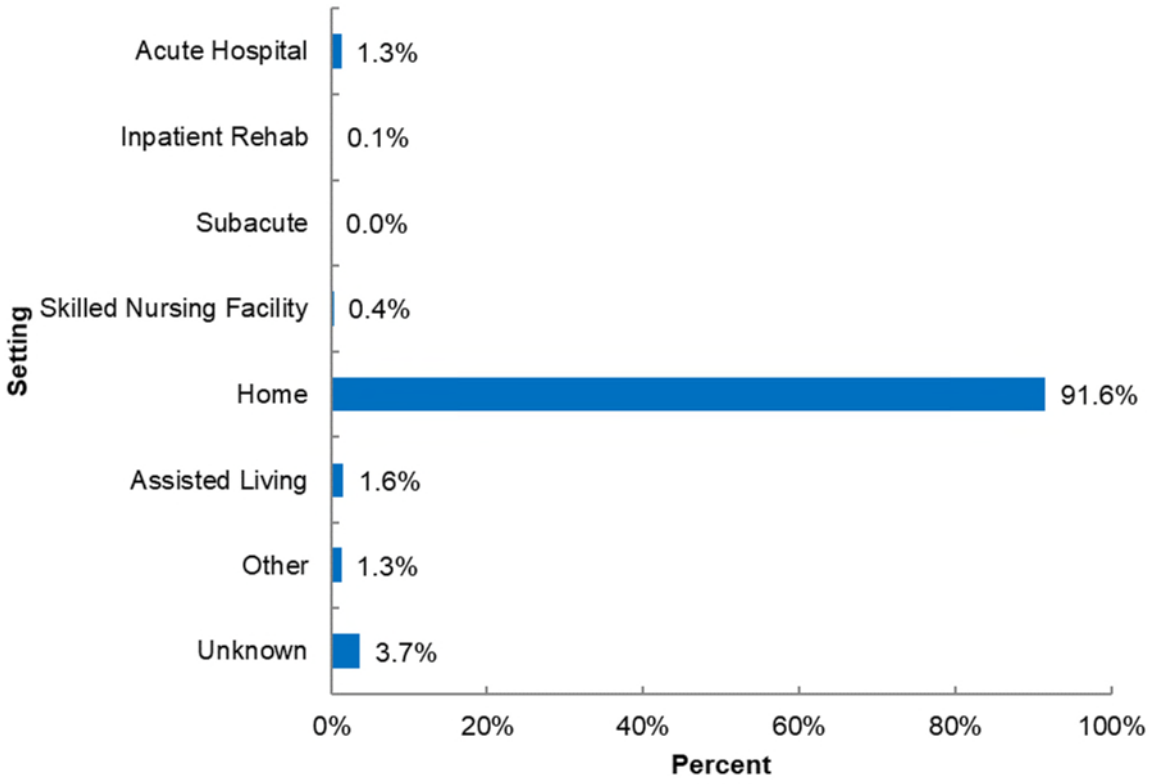


Figure 21: Average Number of Sessions per Week

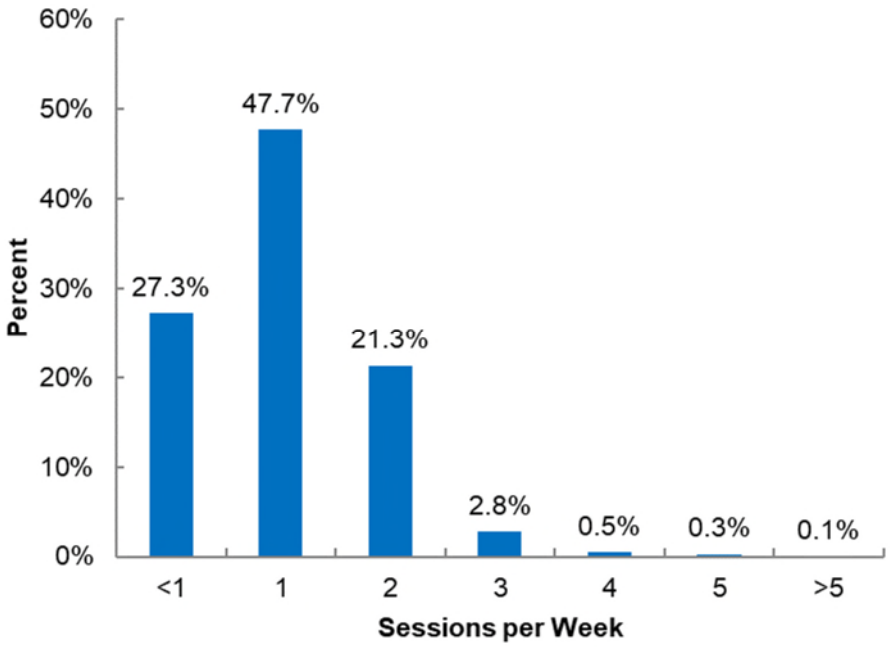
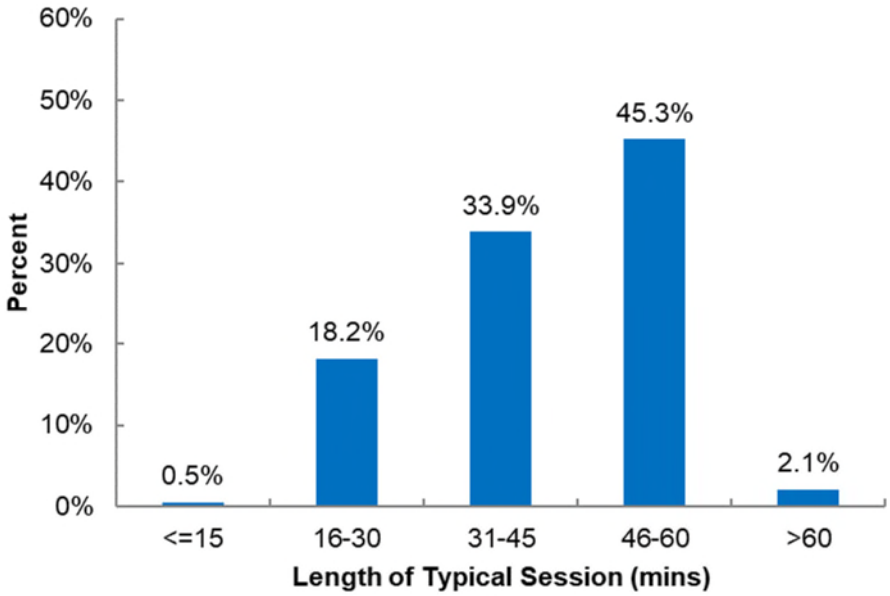


Figure 22: Length of Typical Session (in minutes)



SECTION V

PATIENTS WITH OTHER NEUROLOGICAL DISORDERS

Includes Patients Diagnosed with

- CNS Diseases
- Other Neoplasms
- Anoxia
- Mental Disorders
- Encephalopathy

- Average Amount of Treatment by Service Delivery Model
- Functional Communication Measures Treated
- FCM Progress
- Average Length of Stay
- Primary Reason for Discharge
- Continued SLP Treatment Recommended at Discharge
- Patient Setting Subsequent to Discharge
- Average Number of Sessions Per Week
- Length of Typical Session

PATIENTS WITH OTHER NEUROLOGICAL DISORDERS

Table 30: Average Amount of Treatment by Service Delivery Model (in hours)

Service Delivery	Mean Hours
Individual	9.6
Group	6.6
Training/Consultation	4.8
All Patients	**9.6**

**Insufficient data.*
Mean for all patients may be reflective of data from patients who received services in more than one service delivery model.

Table 31: Functional Communication Measures Treated

FCM	Percent
Memory	32.4%
Spoken Language Expression	22.1%
Swallowing	21.1%
Motor Speech	19.7%
Voice	19.6%
Attention	16.7%
Problem Solving	13.5%
Spoken Language Comprehension	10.2%
Reading	5.7%
Writing	2.5%
Pragmatics	1.6%
Fluency	1.4%
Augmentative-Alternative Communication	1.4%
Voice Following Tracheostomy	0.1%
Alaryngeal Communication	<0.1%

Percentages may total more than 100% because a patient may have been scored on multiple FCMs.

Other Neurological Patients

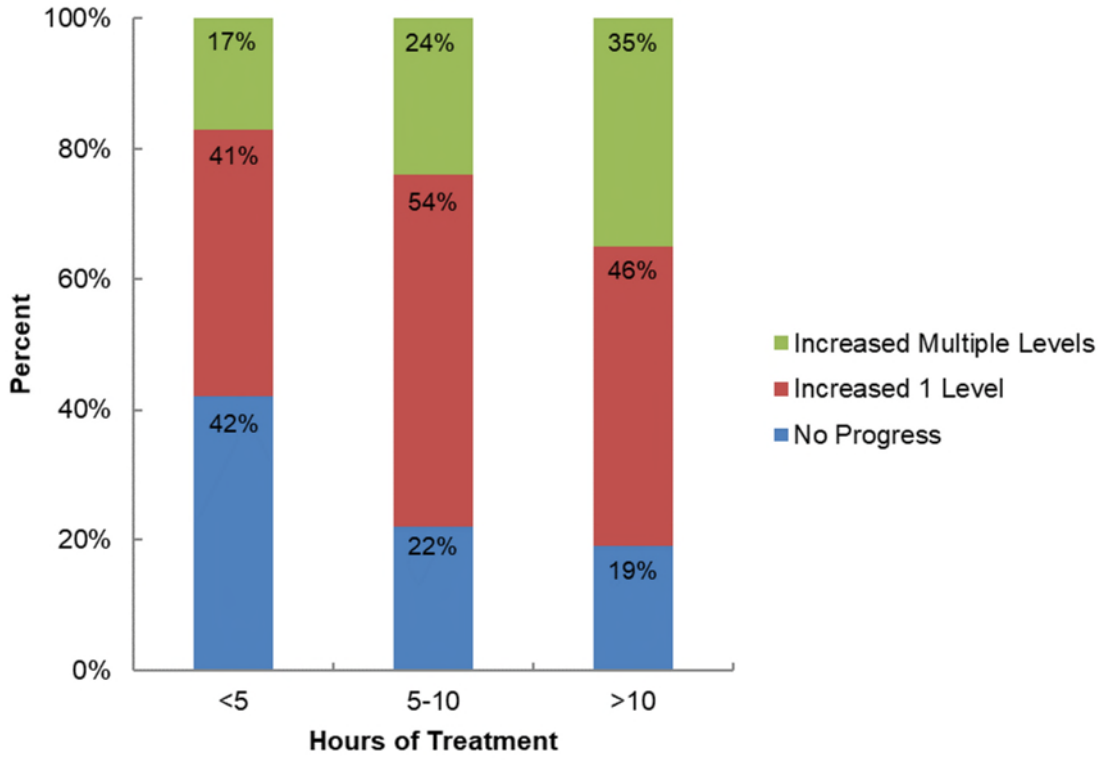
Progress in Top Four FCMs

Memory

Table 32: FCM Progress by Mean Number of Treatment Sessions and Treatment Time

Progress	Percent	Sessions	Time (hr)
No Progress	28.2%	5.1	3.7
Increase 1 Level	46.8%	6.8	5.1
Increase Multiple Levels	25.0%	8.1	6.1
TOTAL	**100%**	**6.7**	**5.0**

Figure 23: FCM Progress by Hours of Treatment Time



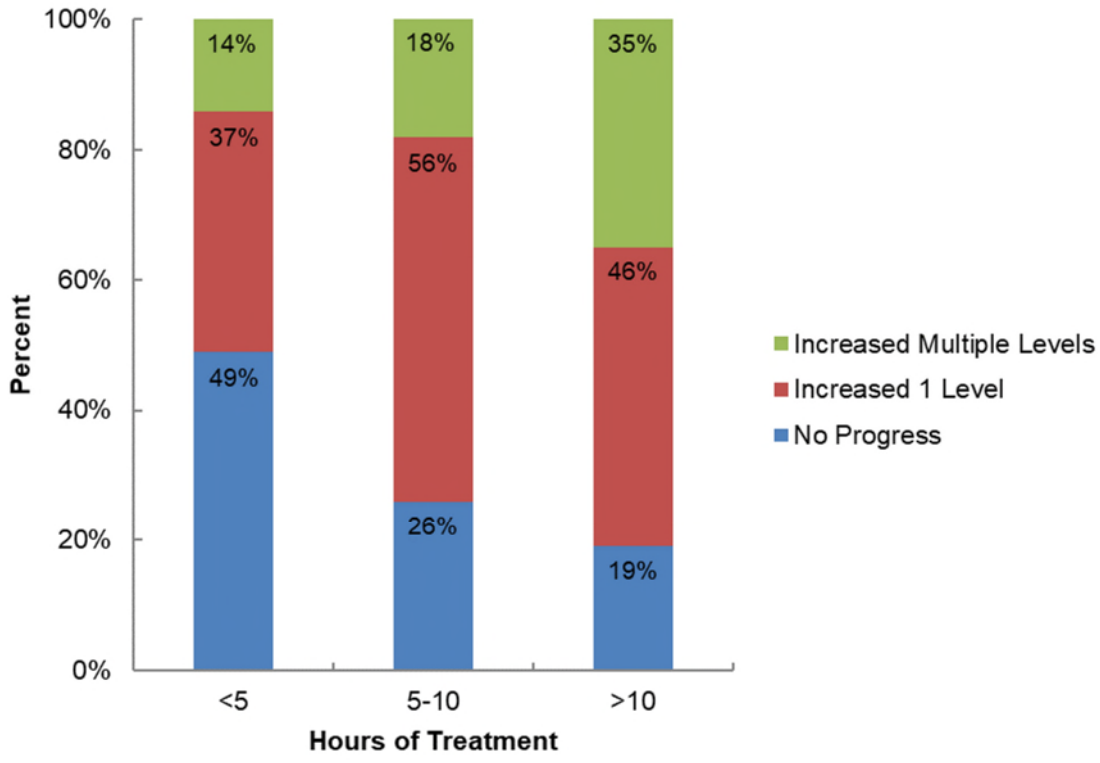
Other Neurological Patients

Spoken Language Expression

Table 33: FCM Progress by Mean Number of Treatment Sessions and Treatment Time

Progress	Percent	Sessions	Time (hr)
No Progress	29.2%	5.9	4.4
Increase 1 Level	46.9%	7.7	5.8
Increase Multiple Levels	23.9%	10.7	8.1
TOTAL	**100%**	**7.9**	**5.9**

Figure 24: FCM Progress by Hours of Treatment Time

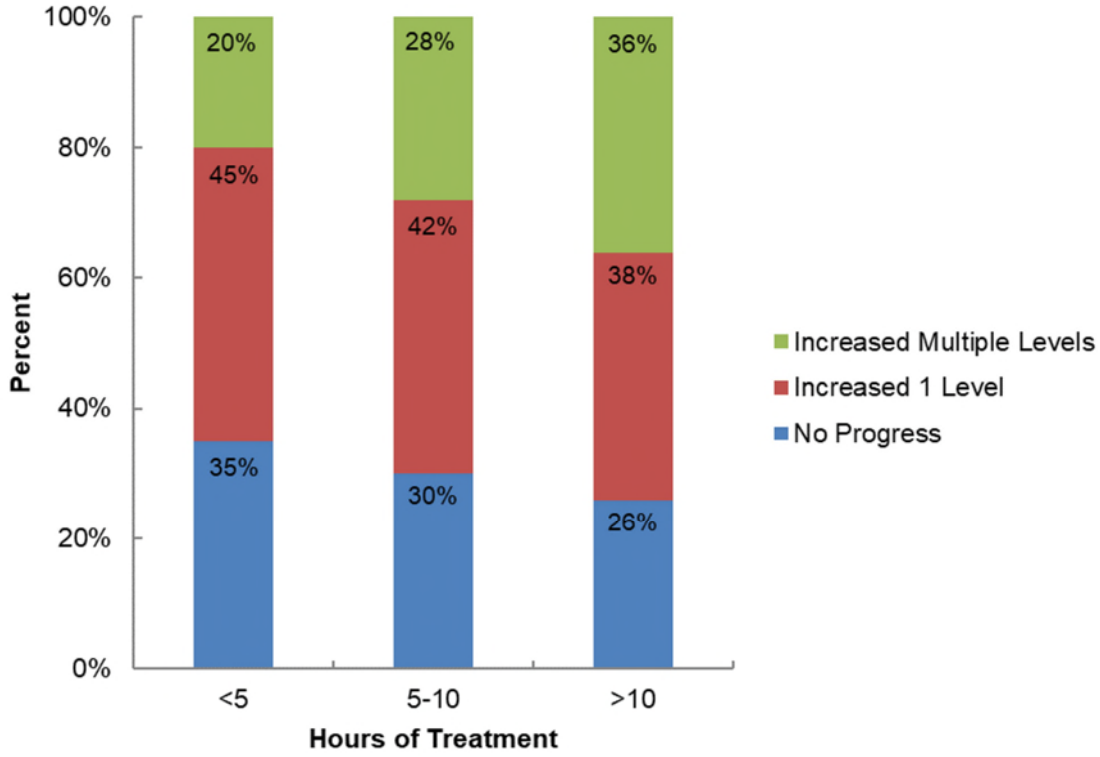


Swallowing

Table 34: FCM Progress by Mean Number of Treatment Sessions and Treatment Time

Progress	Percent	Sessions	Time (hr)
No Progress	31.5%	6.2	4.7
Increase 1 Level	41.6%	7.3	5.4
Increase Multiple Levels	26.9%	9.7	7.4
TOTAL	**100%**	**7.6**	**5.7**

Figure 25: FCM Progress by Hours of Treatment Time

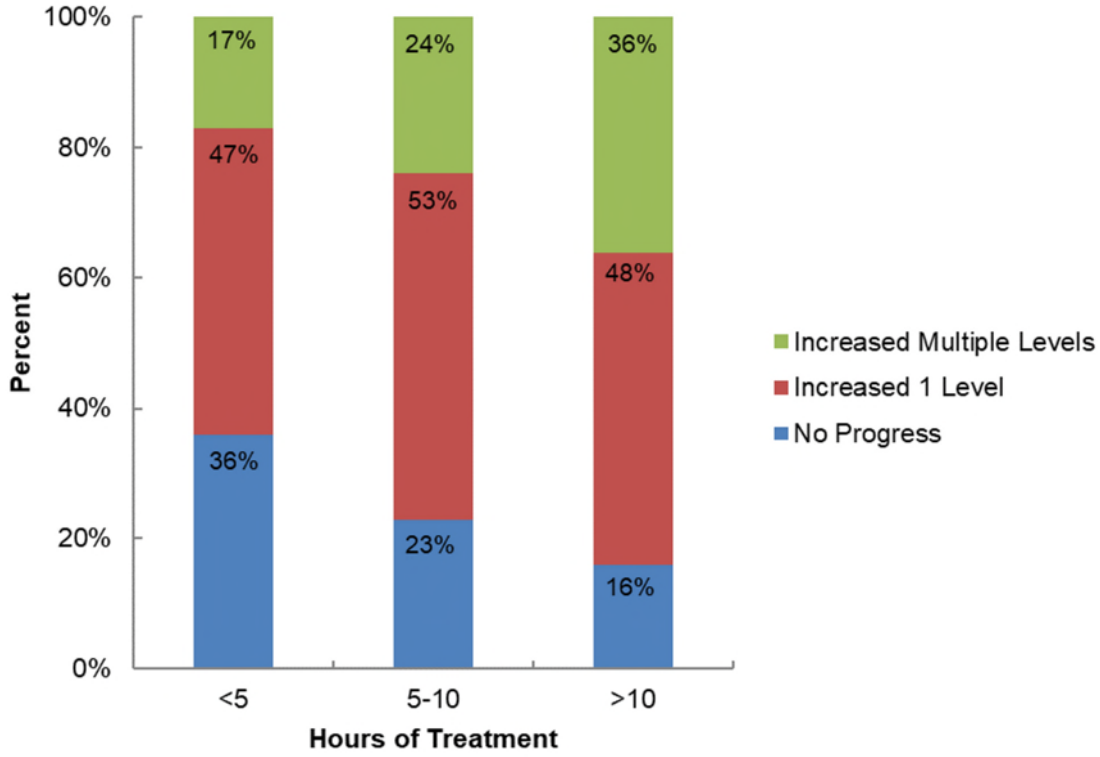


Motor Speech

Table 35: FCM Progress by Mean Number of Treatment Sessions and Treatment Time

Progress	Percent	Sessions	Time (hr)
No Progress	25.4%	6.1	4.3
Increase 1 Level	49.0%	8.2	6.1
Increase Multiple Levels	25.7%	9.9	7.9
TOTAL	**100%**	**8.1**	**6.1**

Figure 26: FCM Progress by Hours of Treatment Time



Other Neurological Patients

Table 36: Average Length of Stay (in days)

LOS	Mean
Length of Stay (days)	61.5

Table 37: Primary Reason for Discharge

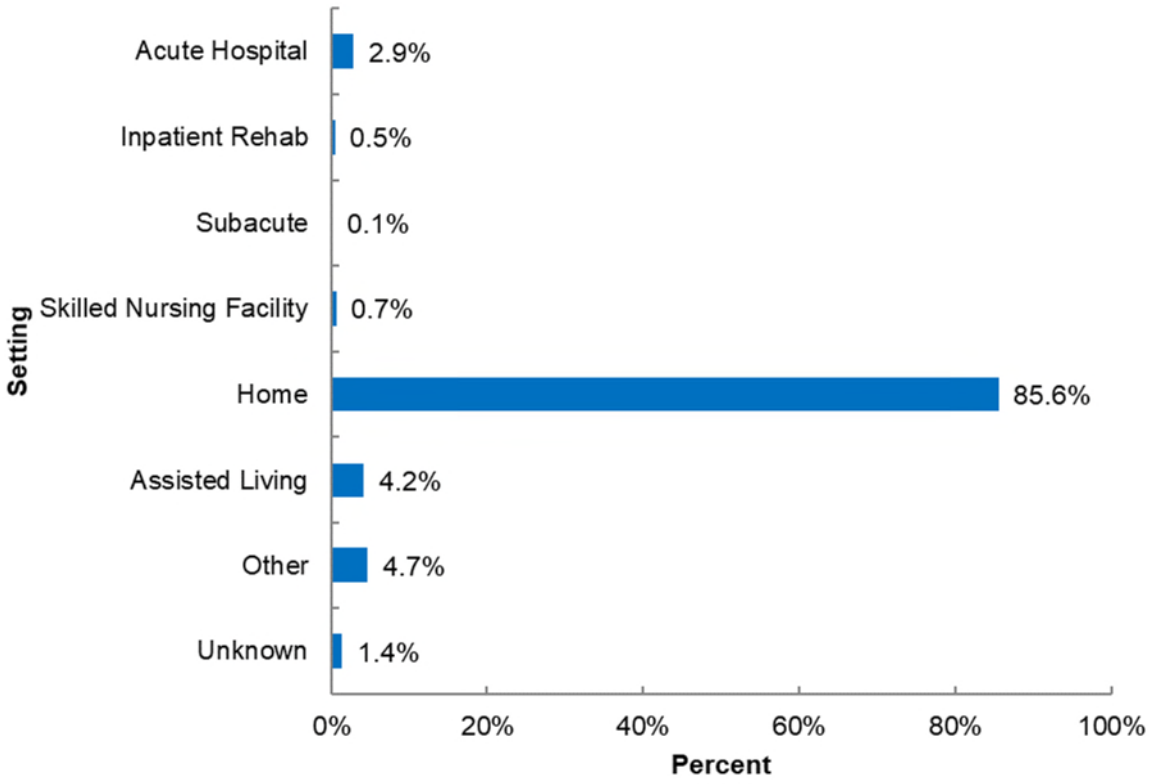
Discharge Reason	Percent
Treatment Goals Met	62.6%
Patient Requested or Non-compliance	10.6%
Patient Progress Plateaued	10.0%
Change in Medical Condition	5.3%
Insurance Benefits Exhausted or Declined	3.4%
Patient Discharged to Another Level of Care	2.9%
Other	5.1%
TOTAL	**100%**

Table 38: Continued SLP Treatment Recommended at Discharge?

Recommended?	Percent
Yes	23.3%
No	76.7%
TOTAL	**100%**

Other Neurological Patients

Figure 27: Setting Subsequent to Discharge



Other Neurological Patients

Figure 28: Average Number of Sessions per Week

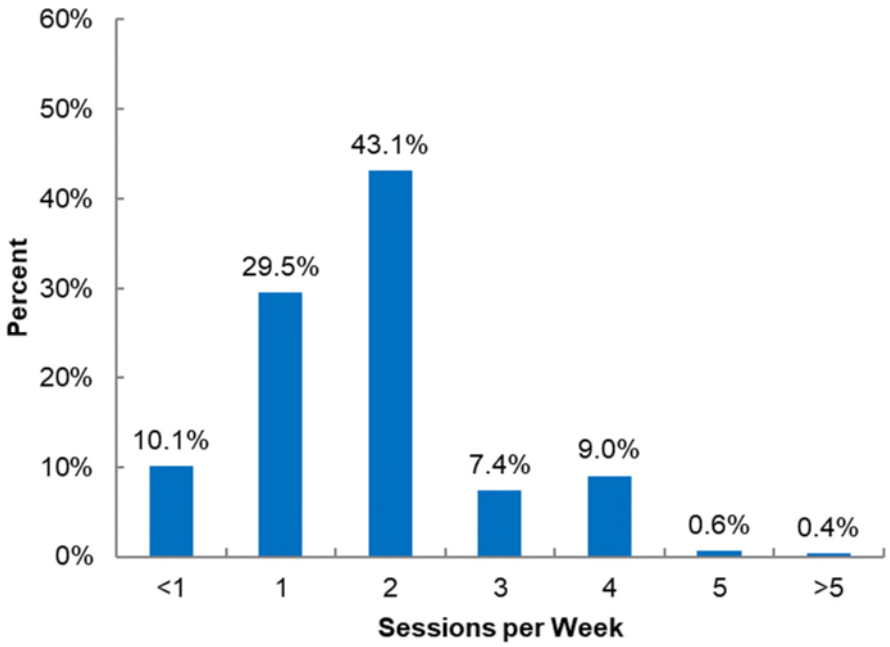
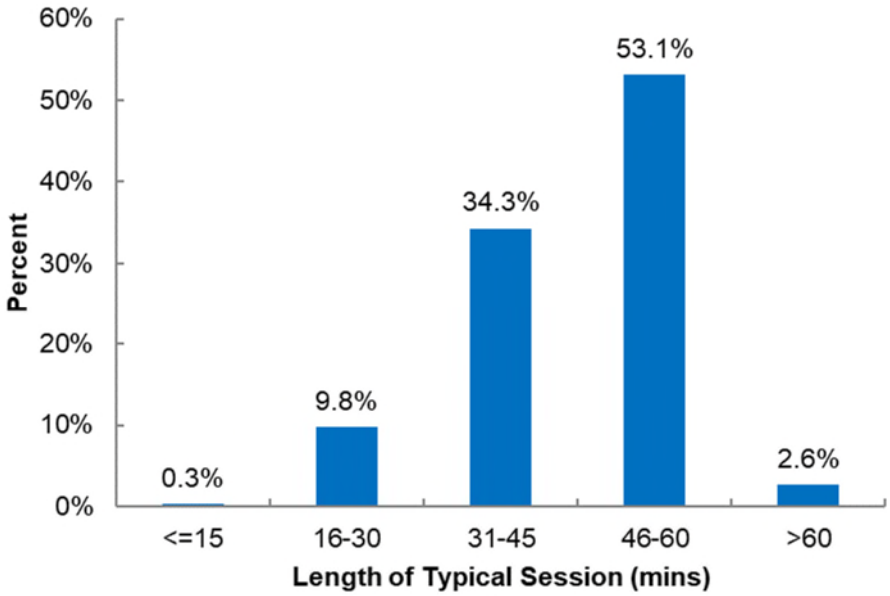


Figure 29: Length of Typical Session (in minutes)



APPENDIX

- Introduction to Functional Communication Measures (FCMs)
- Sample Adults in Health Care FCM
- Definitions
  - Service Delivery Model
  - Medical Diagnosis
  - Treatment Setting
  - Primary Reasons for Discharge
  - Primary Funding Sources

FUNCTIONAL COMMUNICATION MEASURES (FCM)

The Functional Communication Measures (FCMs) are a series of seven-point rating scales, ranging from least functional (Level 1) to most functional (Level 7). They have been developed by ASHA to describe the different aspects of a patient's functional communication and swallowing abilities over the course of speech-language pathology intervention. The following are the 15 FCMs used with the Adult Healthcare component of NOMS:

- Alaryngeal Communication
- Attention
- Augmentative-Alternative Communication
- Fluency
- Memory
- Motor Speech
- Pragmatics
- Problem Solving
- Reading
- Spoken Language Comprehension
- Spoken Language Expression
- Swallowing
- Voice
- Voice Following Tracheostomy
- Writing

These FCMs were designed to describe functional abilities over time from admission to discharge in various speech-language pathology treatment settings. They are not dependent upon administration of any particular formal or informal assessment measures, but are clinical observations provided by the speech-language pathologist of the patient's communication and/or swallowing abilities addressed by an individualized treatment plan.

Each level of the FCMs contain references to the intensity and frequency of the cueing method and use of compensatory strategies that are required to assist the patient in becoming functional and independent in various situations and activities.

SAMPLE ADULTS IN HEALTH CARE FCM

Spoken Language Comprehension

LEVEL 1: The individual is alert, but unable to follow simple directions or respond to yes/no questions, even with cues.

LEVEL 2: With consistent, maximal cues, the individual is able to follow simple directions, respond to simple yes/no questions in context, and respond to simple words or phrases related to personal needs.

LEVEL 3: The individual usually responds accurately to simple yes/no questions. The individual is able to follow simple directions out of context, although moderate cueing is consistently needed. Accurate comprehension of more complex directions/messages is infrequent.

LEVEL 4: The individual consistently responds accurately to simple yes/no questions and occasionally follows simple directions without cues. Moderate contextual support is usually needed to understand complex sentences/messages. The individual is able to understand limited conversations about routine daily activities with familiar communication partners.

LEVEL 5: The individual is able to understand communication in structured conversations with both familiar and unfamiliar communication partners. The individual occasionally requires minimal cueing to understand more complex sentences/messages. The individual occasionally initiates the use of compensatory strategies when encountering difficulty.

LEVEL 6: The individual is able to understand communication in most activities, but some limitations in comprehension are still apparent in vocational, avocational, and social activities. The individual rarely requires minimal cueing to understand complex sentences. The individual usually uses compensatory strategies when encountering difficulty.

LEVEL 7: The individual's ability to independently participate in vocational, avocational, and social activities are not limited by spoken language comprehension. When difficulty with comprehension occurs, the individual consistently uses a compensatory strategy.

DEFINITIONS USED IN NOMS DATA COLLECTION

Service Delivery Model

Individual and/or group treatment model	The speech-language pathologist provides direct treatment to the patient on a one-on-one basis and/or in a group treatment format (two or more patients). Includes patients receiving cotreatment provided by two disciplines, as well as patients who are receiving services simultaneously, but working on different activities.
Training and/or consultation model	Speech and language intervention is provided to the patient, family, caregiver, or other related health professional to establish/modify a home program and/or to complete patient/caregiver training. The patient must be present for a minimum of two sessions. Periodic training and/or consultation sessions may be provided in conjunction with the individual and/or group treatment model

Medical Diagnosis

Neoplasm Lip/Pharynx (140.00-149.99)	Malignant cancers of the lip, oral cavity, and pharynx
Other Neoplasm (150.00-160.99 & 162.00-239.99)	Malignant and benign tumors. In particular, ones relating to communication disorders include brain tumors, cancers of the head and neck, digestive track, esophagus, nasal cavities, middle ear, accessory sinuses, neoplasms of uncertain behavior. Do not include cancers of the mouth or larynx
Neoplasm Larynx (161.00-161.99)	Malignant cancer of the larynx (laryngectomy).
Mental Disorders (290.00-319.00)	Senile and presenile organic psychotic conditions, schizophrenia, amnesia, Korsakoff's syndrome (alcoholic or nonalcoholic induced), chronic psychotic conditions, mental retardation.
Anoxia (348.10)	Anoxia.
Encephalopathy (348.30)	Encephalopathy, unspecified.
CNS Diseases: (320.00-348.00 & 348.40-359.90)	Alzheimer's disease, Pick's disease, Parkinson's disease, Huntington's choreas, myoclonus, Friedreich's ataxia, cerebellar ataxias, multiple sclerosis, cerebral cysts, cerebral edema, myasthenia gravis, amyotrophic lateral sclerosis, pseudobulbar palsy, muscular dystrophies. Do not include anoxia or encephalopathy.
Cerebrovascular Disease (430.00-432.99 & 436.00-438.99)	Subarachnoid hemorrhage, intercerebral hemorrhage, CVA, Stroke, ill-defined cerebrovascular disease, non-ruptured cerebrovascular aneurysm, late effects of cerebrovascular disease involving speech and language deficits, dysphagia, apraxia.
Occlusion/TIA (433.00-435.90)	Cerebral thrombosis, cerebral embolism, unspecified cerebral artery occlusion, TIA.
Respiratory Diseases (460.00-519.99)	Bilateral or unilateral paralysis of the vocal cords or larynx, polyps, nodules, edema of the larynx, acute laryngitis and tracheitis.
Hemorrhage/Injury (852.00-852.99)	Subarachnoid, subdural, and extradural hemorrhage following injury from external causes.
Head Injury (854.00-854.99)	Intracranial injury of unspecified brain or head injury.

Treatment Setting

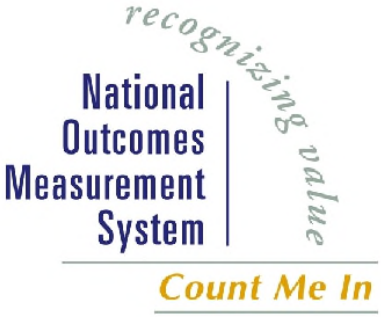
Acute Hospital	Inpatient care provided in an acute care medical facility.
Inpatient Rehab	Free standing rehabilitation hospitals and rehabilitation units in acute care hospitals that are designed to support intensive, interdisciplinary rehabilitation of disabling conditions.
Subacute	Subacute care is comprehensive, inpatient care designed for someone who has an acute illness, injury, or exacerbation of a chronic disease process. The care is provided immediately following, or in place of, acute hospitalization to treat one or more specific active complex conditions as part of a specifically defined program, regardless of the site. Subacute care is typically provided in a hospital or skilled nursing facility. Subacute care (usually between one and three hours of treatment per week) requires the coordinated services of an interdisciplinary team and is generally more intensive than skilled nursing care. Daily to weekly patient assessments and treatment plan reviews are required for a limited period until a condition is stabilized. (Source: AHCA, JCAHO, and Association of Hospital-Based Skilled Nursing Facilities, 1996). Use this category if your program is specifically defined as a subacute program for marketing purposes.
Skilled Nursing	Skilled nursing, for purposes of NOMS, refers to both skilled nursing and intermediate or extended care units/facilities. Skilled nursing units are usually either hospital-based or exist in a long-term care facility and require skilled nursing care 24 hours a day. Rehab therapy services may be provided. Many of the patients may be reimbursed under Medicare, Part A (for the first 100 days) and then reimbursed under Medicaid or Medicare, Part B. Also refers to intermediate or extended care settings where 24-hour medical supervision is provided, but skilled nursing services are not required. Many of the patients may be reimbursed under Medicare, Part B.
Home Health	Speech and language services are provided in the home.
Outpatient Rehab	Outpatient services provided in a hospital.
Comprehensive Outpatient Rehab	Coordinated, comprehensive outpatient diagnostic, therapeutic and rehabilitative services provided in a single location for injuries, disabilities, and sicknesses.
Day Treatment	A non-residential interdisciplinary rehabilitation program centered on community and vocational re-integration. Services are primarily provided in a structure group setting.
Assisted Living	A residential living facility within which limited medical care as well as assistance with personal care and activities of daily living is provided.
Office-Based	Any freestanding speech and hearing clinic or office-based private practice clinic.

Primary Reasons for Discharge

Treatment goals met	The speech and language treatment goals established in the patient's plan of care were met.
Patient discharge to another level of care	The patient is discharged from the facility to another setting or level of care *prior to* the completion of speech and language treatment at the current level of care.
Patient progress plateaued	Goals have not been met, but the patient is no longer making progress and does not appear to benefit from continued intervention at this time.
Change in medical condition	There is a change in medical condition impacting the patient's current communication and/or swallowing ability. This generally requires a change in the existing treatment plan. This category also used to indicate the death of a patient.
Insurance benefits exhausted or declined	Health insurance or funding source would not authorize additional funding or funding has reached maximum benefits.
Patient requested or noncompliance	The patient is discharged from the current level of care prior to the completion of treatment goals for any of the following reasons: lack of transportation, noncompliance with treatment program, AMA (against medical advice) discharge, family/patient request, attendance (break in treatment for five or more consecutive sessions). Rescheduled treatment sessions are not counted.

Primary Funding Sources

Medicare – Part A (Hospital Insurance)	Hospital insurance which covers inpatient care in hospitals and services provided in skilled nursing facilities, hospices, and home health care. Speech-language pathology services are covered in all of these settings.
Medicare – Part B (Medical Insurance)	Medical insurance which covers doctors' services, outpatient care, and some home health care. Physician approved evaluation and treatment to regain and strengthen speech and language skills, including cognitive and swallowing skills, may be provided.
Medicare – Part C/Advantage	Private insurance companies offer this insurance coverage which is a combination of Medicare Part A (hospital insurance) and Medicare Part B (medical insurance).
Medicaid (Fee-for-Service)	Services must be provided by any Medicaid-approved provider.
Medicaid (Managed Care)	Services must be provided only by provider(s) specified by the health plan(s) that have entered into a contract or subcontract arrangement with the state Medicaid agency.
Veteran's Administration	Services provided under the Veteran's Health Administration.
Commercial Fee-For-Service	The plan pays per visit or per procedure usually after a deductible has been met (e.g., Aetna, Blue Cross/Blue Shield, etc.)
Managed Care Plans	Providers are specified by the health plan (e.g., HMO, PPO, IPA, etc.)
Self-Pay	The caregiver or responsible party pays the full amount. No known insurance coverage was provided.



For more information about the National Outcomes Measurement System (NOMS), please visit our web site at http://www.asha.org/NOMS.