

SPEECH PATHOLOGY CONSULT-Instructions

- DDD ID #: DDD's 6 digit identification number
- Residence Type: Types of residences include Own Home (Individual lives alone), Family Home (Individual lives with family member), Group Home, Supervised Apartment, Supported Living Program, Supported Housing, Community Care Residence, etc.

Demographics

- Residence: Please list the name of the agency where the individual is currently residing or providing the in-home supports. If the individual resides at home with **parent** please write the parents name under agency. If the **individual lives alone**, please write "**self**".
- Address: Please include the current address where the individual resides.
- Phone number: Please include the telephone number where individual resides
- Contact Person name/number: Name and telephone number of Residential home Manager or Supervisor. If living with Family, telephone number only of family contact as the name of the family member should have already been written under "Agency/Family Member's name". If living alone with in home supports, a contact name and number of the agency providing the in-home supports.
- Day Program: Name of the agency providing Day Program services. If individual is in a self-directed day program and is not in an established day program 5 days a week, please write: SDDS (Self-Directed Day Services). If individual doesn't have a day program, please write "none" and state the reason, (e.g. "none by choice, none available, retired, etc.)
- Address: Please provide the address of day program. If individual is in a SDDS program or doesn't have a day program, please write N/A.
- Phone: Please provide the telephone number of the day program if applicable.
- Contact Person name/number: Please provide the name of the Day Program Director and their direct telephone number if applicable.

Reason for Consult

- Coughing/Choking: Coughing noted while eating or drinking.
- Preparation of modified diet: It is the agency responsibility to train staff on modified diets. If there are concerns with the training or if staff are still uncomfortable, a referral should be submitted to the SLP.
- Explanation of medical Reports: Any type of swallow study or evaluation completed for eating/swallowing done by a specialist can be reviewed by the SLP and explained in laymen's terms to staff. SLP can contact the physician and advocate on the individual's behalf based on the report.
- Multiple choking incidents: 2 or more choking episodes in a 12 month period or less
- Unsafe Eating: This can include, but is not limited to, eating too fast, being distracted during meals, etc.
- Meal Refusal/Weight loss: Referral to be done in conjunction with medical follow-up from PCP. Weight loss of 5% of average weight within a 2 month period would be an appropriate referral, especially if the individual is refusing to eat.

- Care of Tube Fed individual: These individuals with gastro/peg tubes are usually in medical group homes with nurses. However, even nurses have found this training helpful.

Dysphagia Risk Factors

- At Risk Diagnosis: This information can be found on the current service plan or medical form
- Other risk factors: Example positioning issues-head drop, slumping over side of chair, etc.

Supporting Documents

- Current Service Plan: Does not have to provide it if its already uploaded
- Meal Card/Plan: this is a document from the Developmental Centers that will not be found in the community settings. It may not be available in most cases.
- Other pertinent assessments or plans: Any evaluation related to eating or swallowing. Example: Behavior plan to address food stealing, OT evaluation to address posture, etc.

Case Management (CM)/Support Coordination (SC)

- Please do not forget to check off whether you are a CM or SC.
- Guardian and relationship: Please provide both pieces of information
- Other contact: Family (not guardian) involved in individual's life or other staff important for SLP to contact regarding the referral.

To Be Completed by the Resource Team

- Please leave this section blank.

Next Steps:

After the SLP receives the referral the following will happen:

- Documentation review will be completed (service plan, swallow studies, progress notes, etc.)
- A visit will be scheduled with residential manager of the individual's placement or day program provider
- If individual is living with family, the family listed on the form will be contacted to set up a visit
- The visit will include observation of individual eating a meal
- Recommendations will be made based on total assessment
- Recommendations and rationale will be in writing and will be sent via email on an IDT request form to the following people:
 1. Support Coordinator/Case Manager
 2. SC/CM Supervisor
 3. Guardian
 4. Residential/ Day Program Manager
- The expectation is that an IDT will be completed to ensure the recommendations are carried out and will become part of the service plan.
- Recommendations from the SLP and the minutes of the IDT must be uploaded to the I-Record until an alternate method can be secured.