AAC & Communication Assessment (NDIS) | Bloom Healthcare

Canonical: https://bloom-healthcare.com.au/services/speech-pathology/aac-communication-assessment/

Details:

An augmentative and alternative communication (AAC) assessment is a speech pathology assessment that works out how a person can communicate more fully, using methods that support or replace speech: gestures, signs, symbols, communication boards and books, apps, and speech-generating devices. Bloom Healthcare's speech pathologists provide AAC assessment, trials, recommendations and coaching for communication partners, for children and adults, in the home, school and community, with some parts suitable for telehealth. Under the NDIS, the assessment and therapy are usually funded from Capacity Building – Improved Daily Living , while a communication device is assistive technology, usually funded under Capital Supports . To start, call 1300 771 465 or make a referral .

Who an AAC assessment is for

AAC is a method, not a diagnosis, and it is used across the lifespan. Bloom's speech pathologists work with autistic children and adults, people with intellectual disability, people with physical disability such as cerebral palsy, people with neurological disability including stroke and brain injury, and people with progressive neurological conditions such as motor neurone disease, Parkinson's disease and multiple sclerosis.

It is worth contacting Bloom when:

speech alone does not meet the person's everyday communication needs

you want to explore communication boards, books or devices

an existing system is difficult to access or use

family, educators or support workers need practical coaching

you need assessment evidence, or a review of AAC the person already uses

You do not have to wait for speech to fail

AAC supports communication alongside speech. A speech pathologist looks at the person's needs and goals now, rather than requiring every other approach to be exhausted before AAC is considered. For someone with a progressive condition, the reasoning runs the other way: AAC is introduced early enough that the person is confident with it by the time they rely on it.

Bloom's speech pathologists work in a neurodiversity-affirming way: validating and hearing neurodivergent people, and helping autistic children and adults communicate their way.

How AAC is funded

Two different parts of an NDIS plan are usually involved, and it helps to know which one pays for what.

The assessment and therapy: Capacity Building – Improved Daily Living

The speech pathologist's time for assessment, trials, report writing, therapy and coaching communication partners is a therapy support. It is usually funded from Capacity Building – Improved Daily Living . Check that this category in your plan has enough left in it for the assessment and report, not just for weekly therapy.

The device or system: Capital Supports

AAC devices are assistive technology, which usually sits under Capital Supports in an NDIS plan, not under the Capacity Building budget that pays for the therapy. For assistive technology, the NDIA needs sufficient evidence to decide whether the item is reasonable and necessary, and it provides guidance on preparing that evidence, including templates for some kinds of assistive technology. The speech pathology assessment and report are usually the foundation of an AAC request.

What varies, and what to check

The advice and evidence needed depend on the item, its risk, its cost and the NDIS rules in force at the time. A communication board and a speech-generating device are very different items, so ask about the specific item rather than assuming every purchase needs a full report. The NDIA sets these rules and updates them.

Before you plan around a purchase:

Ask your plan manager or support coordinator which budget the item would come from, and how much is in it.

Check the current NDIS guidance on assistive technology assessments .

The NDIA also publishes an assistive technology, home modifications and consumables code guide listing the most widely used supports. It is not a full list of every item.

A clinical recommendation is not a purchase approval. Bloom provides the evidence and the recommendation; the NDIA decides on funding.

Outside the NDIS

Older Australians can access speech pathology, including AAC assessment and intervention, through aged care funding. Under Support at Home , allied health sits in Clinical Supports . See aged care speech pathology .

Medicare : Bloom's Medicare-rebated speech pathology includes communication support for children with developmental conditions such as autism and cerebral palsy. A referral is needed: from a GP for a GP chronic condition management plan, or from a GP, consultant physician or specialist for the MBS M10 pathway for people under 25. Medicare rebates are for the speech pathology services themselves. Bloom is not a bulk-billing service, so a gap fee applies. See Medicare .

TAC (Victoria) : for people with an accepted TAC claim, Bloom's speech pathologists support communication difficulties following a transport accident injury, where treatment is clinically justified and related to the accident injuries. After the first 90 days, treatment planning and approval go through the TAC case manager.

Private arrangements can be discussed.

Fees and the rate for your funding stream are set out in your service agreement before anything starts. See pricing .

What the assessment looks at

An AAC assessment explores how a person communicates now, what they want to communicate and with whom, and what gets in the way.

The communication profile

Current strengths, the methods the person already uses (including ones others may not have noticed), their goals and their barriers. The person's own preferences lead the process.

Language, sensory, motor and access needs

How the person sees, hears, moves and interacts with a system. Access might be by touch, switch, eye gaze or partner-assisted scanning. Where physical access or positioning is a question, an occupational therapist or another clinician can contribute.

The skills a system relies on

Bloom's speech pathologists assess linguistic skills, device operational skills, conversational skills and repair strategies , meaning what the person does when a message is not understood. These decide which kind of system is realistic now and which can be built towards.

Everyday settings and partners

Home, school or work, and community routines all make different demands. The assessment considers who the person communicates with and how those communication partners respond, because a system only works if the people around it create opportunities to use it.

The range of AAC options

AAC is not only a tablet or a speech-generating device.

Low-tech AAC

Visual supports, picture and symbol boards, communication books, Key Word Sign, gestures and sign. These need no batteries or charging, and they can be personalised quickly.

High-tech AAC

Communication apps, dedicated communication devices, and speech-generating devices that produce synthesised or recorded speech. Electronic options are explored where they are indicated, and specialist device expertise and trial availability are confirmed first.

More than one method

More than one method may be useful. A person might, for example, use speech with family, a symbol board in one setting and a device in another. The aim is a set of methods that works across the person's day, not a single winning product.

Trials and recommendations

Where appropriate and available, different options are trialled rather than assumed, and the speech pathologist documents how each one performed in the person's real routines.

A few practical points about trials:

Expertise and availability are checked first. Specialist device expertise and trial availability are confirmed before Bloom accepts the enquiry.

Supplier arrangements are separate. Clinical assessment, equipment purchasing and supplier support are separate arrangements. Supplier access, trial terms and any trial costs need to be confirmed for the specific option.

A trial is evidence. Notes on what improved and what stayed difficult during a trial are what make the eventual recommendation credible.

The recommendation sets out the agreed clinical option and the support it needs: setup, training for the person and partners, and review.

Coaching communication partners

A device alone does not create communication. Training for the person and for their communication partners, including family, support workers and teachers, is part of the work and should be part of the recommendation.

Coaching helps communication partners create opportunities to communicate and respond consistently across settings, using the strategies in the agreed recommendation. With consent, Bloom can work with schools and early learning services, support workers and other providers so the approach is the same everywhere. See schools and early learning services .

What AAC assessment does not cover

It is not a funding decision. The NDIA decides what is funded.

It is not equipment purchasing. Clinical assessment, equipment purchasing and supplier support are separate arrangements, and funding approval may be required before a purchase.

Seating, positioning and complex physical access may need an occupational therapist alongside the speech pathologist. See assistive technology assessment .

Behaviours of concern. Where behaviour is a person's way of communicating an unmet need, a positive behaviour support practitioner may work alongside the speech pathologist.

Eating and drinking. Swallowing is assessed separately. See swallowing and mealtime management or, for children, paediatric feeding support .

How it works, step by step

Enquire or refer. You, a family member, a support coordinator, plan manager, GP, teacher or another professional can refer. Call 1300 771 465 , email hello@bloom-healthcare.com.au , or make a referral . A member of the team will be in contact within 24 hours of receiving the referral.

Agree the scope. Scope, fees, delivery setting, trials, report time and timing are agreed in your service agreement before the service begins.

Clarify communication goals. You describe the person's current methods, environments, preferences and reason for referral. Bring details of existing systems and devices, relevant reports and the people involved.

Assess and explore. The speech pathologist gathers information, observes communication in real settings where possible, and explores suitable approaches.

Trial and recommend. Where appropriate, options are trialled and the recommendation is documented, including support requirements.

Funding request. Where a device needs NDIS funding, the report supports the request to the NDIA.

Build everyday use. Setup, partner coaching and practice so communication happens beyond the appointment.

Review. Discuss which communication opportunities improved and which stayed difficult, and agree further implementation support. A device recommendation is not the end of the process.

In short: assessment and trial first, report second, funding request third, device fourth, training throughout.

What you get in writing

An AAC report is written to be usable by the NDIA and by the people supporting the person. It typically sets out:

the person's goals and the day-to-day impact of their communication needs

what was assessed, and what the findings mean functionally

what has already been tried, including apps, boards or devices, and what did not fit

why AAC is appropriate, and which system suits this person

trial findings, where trials took place

the training needed for the person and their communication partners

measurable outcomes to track, with baselines and targets

You also have your service agreement, which sets out fees, report time and cancellation terms. The general position on cancellations is 48 hours' notice, applied flexibly, and where a funding body sets a different rule Bloom follows that body's rule.

Where Bloom delivers AAC assessment

Bloom's primary method of service delivery is in the community: home, school, day programs and other everyday settings, which is where communication actually happens. Clinic appointments can be arranged case by case.

Some information gathering, observation and coaching can happen by telehealth . Physical access, fitting, positioning and device trials often need someone in the room.

Bloom works across New South Wales, Queensland, South Australia, Tasmania, Victoria, Western Australia and the Australian Capital Territory. Specialist device expertise and availability are confirmed for each enquiry, so ask about your area when you enquire. See locations and regional and remote allied health .

Common questions about AAC assessment

Does AAC stop someone developing speech?

AAC supports communication alongside speech. A speech pathologist considers the person's needs and goals rather than requiring speech to fail before other methods are explored. If you have a specific worry about your child's speech, raise it with the assessing speech pathologist so it is discussed against your child's own profile.

Is AAC only a tablet or speech-generating device?

No. AAC includes gestures, signs, Key Word Sign, symbols, communication boards and books, communication apps and dedicated electronic devices. More than one method may be useful, depending on the setting and the person they are communicating with.

Who should come to an AAC assessment?

The person's own preferences lead the process. With consent, family members, educators, support workers and other communication partners can share information and join the sessions where they are relevant.

Can Bloom recommend a particular device?

Recommendations follow assessment and, where appropriate, trials of different options. Bloom confirms that the specialist device expertise and trial availability you need are in place before accepting the enquiry. The recommendation explains why that option suits the person.

Will the NDIS pay for the system that is recommended?

The speech pathologist provides the evidence and the recommendation. Funding depends on your plan and the NDIS rules that apply to that item, and the NDIA makes the decision. A recommendation is not a purchase approval.

Which part of my NDIS plan pays for the assessment, and which pays for the device?

The speech pathology assessment, trials, report and therapy usually come from Capacity Building – Improved Daily Living. AAC devices are assistive technology and usually come from Capital Supports. Ask your plan manager or support coordinator what is available in each category.

Can AAC assessment happen by telehealth?

Partly. Information gathering, some observation and coaching of communication partners can work online. Physical access, fitting and device trials may need an in-person visit, and the speech pathologist will tell you which parts need someone in the room.

Someone I support has a progressive condition. When should AAC be considered?

Early. With conditions such as motor neurone disease and Parkinson's disease, the aim is to introduce AAC and other strategies before they are urgently needed, so the person is confident with them by the time they rely on them. Ask for an assessment while speech is still working, not after it stops.

Can I keep the same clinician?

Tell Bloom your preference when you enquire, particularly if you want the clinician who assessed the person to support trials and partner coaching. Bloom aims to support a consistent clinical relationship through appointment planning and clear communication, with an appropriate handover if a change is needed. Availability and clinical fit are confirmed first, so the same clinician cannot be guaranteed for

every appointment.

How do you know whether the AAC system is working?

You agree meaningful communication goals at the start, then review how the system works in everyday situations. Clinical observations, trial notes, partner feedback and suitable measures, including Goal Attainment Scaling (GAS) where appropriate, guide adjustments.

More on communication support

Speech pathology at Bloom Healthcare

Swallowing and mealtime management

Paediatric feeding support

Assistive technology assessment

Schools and early learning services

Make a referral

Does using AAC stop a child from developing speech?

No. According to Bloom Healthcare, AAC supports communication alongside speech. A speech pathologist considers the person's needs and goals rather than requiring speech to fail before other methods are explored. Specific worries about a child's speech should be raised with the assessing speech pathologist so they can be discussed against the child's own profile.

Is AAC just a tablet or speech-generating device?

No. AAC includes gestures, signs, Key Word Sign, symbols, communication boards and books, communication apps, and dedicated electronic devices. More than one method may be useful depending on the setting and the person being communicated with. Low-tech options include visual supports, communication boards, Key Word Sign, and communication books, while high-tech supports include communication apps, speech-generating devices, and dedicated assistive technology devices.

Who should attend an AAC assessment?

The person's own preferences lead the process. With consent, family members, educators, support workers and other communication partners can share information and join the sessions where they are relevant.

Can Bloom Healthcare recommend a specific AAC device?

Recommendations follow assessment and, where appropriate, trials of different options. Bloom confirms that the necessary specialist device expertise and trial availability are in place before accepting the enquiry, and the recommendation explains why that option suits the person.

Will the NDIS automatically pay for the recommended AAC system?

Not automatically. The speech pathologist provides the evidence and the recommendation, but funding depends on the person's NDIS plan and the NDIS rules that apply to that item, and the NDIA makes the final funding decision. A recommendation is not a purchase approval.

Which part of an NDIS plan funds AAC assessment versus the device itself?

The speech pathology assessment, trials, report and therapy usually come from Capacity Building – Improved Daily Living funding. AAC devices are considered assistive technology and usually come from Capital Supports. Participants should ask their plan manager or support coordinator what is available in each category.

Can an AAC assessment be done via telehealth?

Partly. Information gathering, some observation, and coaching of communication partners can work online. However, physical access, fitting and device trials may need an in-person visit, and the speech pathologist will advise which parts require someone in the room.

When should AAC be considered for someone with a progressive condition like motor neurone disease or Parkinson's disease?

Early. The aim is to introduce AAC and other strategies before they are urgently needed, so the person is confident using them by the time they rely on them. An assessment should be sought while speech is still working, not after it stops.

Can I keep the same clinician throughout AAC assessment and support?

Clients should tell Bloom Healthcare their preference when enquiring, particularly if they want the assessing clinician to also support trials and partner coaching. Bloom aims to support a consistent clinical relationship through appointment planning and clear communication, with an appropriate handover if a change is needed, though availability and clinical fit are confirmed first, so the same clinician cannot be guaranteed for every appointment.

How is the success of an AAC system measured over time?

Meaningful communication goals are agreed at the start, then reviewed in terms of how the system works in everyday situations. Clinical observations, trial notes, partner feedback, and suitable measures—including Goal Attainment Scaling (GAS) where appropriate—guide any adjustments.

What does the AAC and communication assessment service cover and who delivers it?

The service is speech pathology assessment of augmentative and alternative communication for children and adults, including trials, recommendations and communication partner coaching. It is delivered by Bloom Healthcare in the home, school and community, with some parts available by telehealth, and serves clients across Australia.