

Supplemental Material S2. Client AAC Telehealth Survey.

Telehealth Survey

Medicare will be ending reimbursement for telehealth speech therapy services, including AAC services, at the end of 2024.

This survey is being conducted to gather data to inform policy makers with regard to barriers to receiving in-person services and the utilization of telehealth in the provision of AAC services.

This is an anonymous survey. The results will be made available by USSAAC.

To be completed by either the person who has received AAC services or by a family member.

Indicate the state in which you or your family member received services.

- ☐ Alabama (1)
- ☐ Alaska (2)
- ☐ Arizona (3)
- ☐ Arkansas (4)
- ☐ California (5)
- ☐ Colorado (6)
- ☐ Connecticut (7)
- ☐ Delaware (8)
- ☐ District of Columbia (9)
- ☐ Florida (10)
- ☐ Georgia (11)
- ☐ Hawaii (12)
- ☐ Idaho (13)
- ☐ Illinois (14)
- ☐ Indiana (15)
- ☐ Iowa (16)
- ☐ Kansas (17)
- ☐ Kentucky (18)
- ☐ Louisiana (19)
- ☐ Maine (20)
- ☐ Maryland (21)

- ☐ Massachusetts (22)
- ☐ Michigan (23)
- ☐ Minnesota (24)
- ☐ Mississippi (25)
- ☐ Missouri (26)
- ☐ Montana (27)
- ☐ Nebraska (28)
- ☐ Nevada (29)
- ☐ New Hampshire (30)
- ☐ New Jersey (31)
- ☐ New Mexico (32)
- ☐ New York (33)
- ☐ North Carolina (34)
- ☐ North Dakota (35)
- ☐ Ohio (36)
- ☐ Oklahoma (37)
- ☐ Oregon (38)
- ☐ Pennsylvania (39)
- ☐ Puerto Rico (40)
- ☐ Rhode Island (41)
- ☐ South Carolina (42)

- ☐ South Dakota (43)
- ☐ Tennessee (44)
- ☐ Texas (45)
- ☐ Utah (46)
- ☐ Vermont (47)
- ☐ Virginia (48)
- ☐ Washington (49)
- ☐ West Virginia (50)
- ☐ Wisconsin (51)
- ☐ Wyoming (52)
- ☐ Clinic not in the U.S> (53)

Type of clinic at which you or your family member received services

- ☐ University Clinic (1)
- ☐ Hospital Clinic (2)
- ☐ School System (3)
- ☐ Non-Profit Clinic (4)
- ☐ Private Practice (5)

Client Age

- ☐ under 22 (1)
- ☐ 22 and over (2)

Did you or your family member receive AAC services in a clinic/office?

- ☐ YES (1)
- ☐ NO (2)

Display This Question:

If Did you or your family member receive AAC services in a clinic/office? = YES

How satisfied were you with the services received in the clinic/office?



- 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- 5 (5)

Display This Question:

If Did you or your family member receive AAC services in a clinic/office? = YES

What AAC services did you or your family member receive? (check all that apply)

- ☐ AAC Evaluation (4)
- ☐ AAC Therapy (5)
- ☐ AAC Device Programming (6)
- ☐ AAC Training for caregiver/support person (7)

Did you or your family member receive AAC services via telehealth?

- ☐ YES (1)
- ☐ NO (2)

Display This Question:

If Did you or your family member receive AAC services via telehealth? = YES

How satisfied were you with the services received via telehealth?



- 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- 5 (5)

Display This Question:

If Did you or your family member receive AAC services via telehealth? = YES

What AAC services did you or your family member receive via telehealth? (check all that apply)

- ☐ AAC Evaluation (4)
 - ☐ AAC Therapy (5)
 - ☐ AAC Device Programming (6)
 - ☐ AAC Training for caregiver/support person (7)
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Do you or your family member have transportation issues that make it difficult to come to the clinic /office

- ☐ YES (1)
 - ☐ NO (2)
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Indicate the types of transportation issue you or your family memberface. (check all that apply).

- ☐ Lack of accessible transportation. (1)
- ☐ Lack of adequate transportation to accommodate a wheelchair. (2)
- ☐ Lack of accompanying person for travel (3)
- ☐ Medical condition prohibits travel (4)
- ☐ Cost of transportation (5)
- ☐ Cost of overnight stay (6)
- ☐ Availability of equipment to support breathing, positioning, toileting, feeding or the administration of medications. (7)
- ☐ Fatigue caused by travel (8)
- ☐ Other (9)

Display This Question:

If Indicate the types of transportation issue you or your family memberface. (check all that apply). = Availability of equipment to support breathing, positioning, toileting, feeding or the administration of medications.

If you selected "other" indicate the types of transportation issues.

How important is having the option of receive AAC services via telehealth?

- ☐ Not at all important (12)
- ☐ Slightly important (13)
- ☐ Moderately important (14)
- ☐ Very important (15)
- ☐ Extremely important (16)

Enter comments about how the ability to receive AAC services via telehealth has impacted you or your family member.
