Augmentative Communication Consultation Service (ACCS)

**ACCS REFERRAL**
ACCS is a specialized service for children/youth with complex communication needs. The team includes SLPs, OTs, and CDAs. The goal is to achieve the most effective communication possible for an individual by working with each child/youth’s family, other professionals, and other clinicians to find ways for the child/youth to communicate.

**REFERRAL CRITERIA**
Child/youth MUST MEET ALL of the following referral criteria:
- is younger than 19 years
- is a direct accessor (points directly to items)
- is an intentional communicator with picture discrimination (combination of “core” and “fringe” vocabulary)
- has more than one communicative function beyond requesting
- has significantly better receptive language than expressive communication
- current AAC system is used and supported at home (in addition to other environments)
- no home AAC needs or family does not wish to use AAC at home
- child/youth was a previous ACCS client and team would like consultation regarding next steps
- child/youth does not meet full ACCS referral criteria and local team would like consultation regarding next steps
- local team unsure whether child/youth is appropriate for full ACCS referral
- has more than one communicative function beyond requesting
- is an intentional communicator with picture discrimination (combination of “core” and “fringe” vocabulary)
- has significantly better receptive language than expressive communication
- current AAC system is used and supported at home (in addition to other environments)

**WHAT TO EXPECT**
The ACCS clinician(s) will work with the child/youth and local team throughout the following stages:
- assessment/trials of potential AAC systems (typically 4-6 visits over 3 months)
- recommendation of AAC system; possible prescription of high tech AAC system
- service delivery consultation based on recommended AAC system (typically 3-12 visits over 3-12 months)

Consultation to the local team may include:
- phone conversation
- observation of child/youth
- discussion with team members
- AAC recommendations for next steps
- guidance as to if/when to proceed with a full ACCS referral

ACCS SLP/OT will contact referral source to schedule consult. Consult will be provided by phone, clinical meeting, and/or 1-3 joint visits.

**HOW TO ACCESS**
A SLP can complete the ACCS referral package (located on the ACCS page of the CTN Website under the “Programs & Services” tab). If there is no SLP involved with the client, please contact CTN ACCESS to discuss AAC needs. A physician referral is not required.

Service Navigators at CTN ACCESS will contact the family to process the referral. If CTN ACCESS is not able to connect with a family they will send a no contact letter to the family and inform the referral source. ACCS SLP will contact the family to discuss service delivery once the referral has been processed and the child is ready to be seen.

**ACCS CONSULT**
Local team can request a consult from ACCS SLP and/or OT for either of the following reasons:
- child/youth does not meet full ACCS referral criteria and local team would like consultation regarding AAC system options, goals, or implementation
- local team unsure whether child/youth is appropriate for full ACCS referral
- child/youth was a previous ACCS client and team would like consultation regarding next steps
- no home AAC needs or family does not wish to use AAC at home

Consultation to the local team may include:
- phone conversation
- observation of child/youth
- discussion with team members
- AAC recommendations for next steps
- guidance as to if/when to proceed with a full ACCS referral

ACCS SLP/OT will contact referral source to schedule consult. Consult will be provided by phone, clinical meeting, and/or 1-3 joint visits.

**ACCS CLINIC DAY**
The ACCS Clinic is available for an additional training, troubleshooting, or to answer general questions regarding AAC systems:

**ACCS RE-REFERRAL**
Child/youth previously seen by ACCS: Client has worked on the goals/ recommendations made at the time of transfer of care and now has new communication needs that the local team is not able to support as follows:
- original recommendation was low tech and child/youth and team are now ready for possible high tech assessment
- significant growth in expressive communication abilities requiring a review of AAC system
- change in physical access requiring a review of AAC system

Families and local team members of children/youth who are CTN ACCS clients.
- past, present, on the wait list

Re-referral for retraining new team members is NOT an option.

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- past, present, on the wait list

Re-referral for retraining new team members is NOT an option.

**HOW TO ACCESS**
A SLP can complete the current ACCS re-referral package (located on the ACCS page of the CTN Website under the “Programs & Services” tab). If there is no SLP involved with the client, please contact CTN ACCESS to discuss AAC needs. A physician referral is not required.

See “How to Access” in the first column.

**FAMILY RESOURCES**
- [ACC/QCACC/CTN ACCESS Re-referral](mailto:accesclinic@ctnsy.ca)
- 705-719-4795 ext 2222
- [CTN Oak Ridges office](http://www.ctnsy.ca)
- [CTN Barrie office](http://www.ctnsy.ca)
- [CTN York office](http://www.ctnsy.ca)
- [CTN Waterloo office](http://www.ctnsy.ca)

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