

ASHA's National Outcomes Measurement System (NOMS)

Clinician User Guide
SLP Healthcare

September 2024



NOMS

ASHA's National Outcomes
Measurement System

Table of Contents

<i>What Is NOMS?</i>	3
<i>How Do I Submit NOMS Data?</i>	3
Create a New Record.....	4
Save an Incomplete Record	5
Continue an Incomplete Record	5
Submit a Completed Record	6
View FCM and PRO Scores.....	8
Edit or Delete a Form	8
Edit a Form That Has Been Opened for Edit.....	10
View Change History	10
<i>NOMS Data Collection</i>	11
Who Should I Include in NOMS?	12
Admission Form	13
Add Measure Form (Optional)	15
Discharge Form.....	15
<i>Reporting Functional Status in NOMS</i>	21
Functional Communication Measures (FCMs)	22
FCM Scoring Guidelines and Procedures	22
Swallowing and Feeding FCMs.....	23
Cognition FCMs	23
Speech FCMs	23
Language and Communication FCMs.....	24
Voice FCM	25
Reading and Writing FCMs.....	25
Interpreting the FCM Score	27
Patient-Reported Outcomes (PROs).....	28
The Eating Assessment Tool–10 (EAT-10)	29
The Pediatric Eating Assessment Tool–10 (PEDI-EAT-10)	29
The Communicative Participation Item Bank (CPIB) – General Short Form.....	29
The ASHA Pediatric Communication Patient-Reported Outcome Measure	30
Neuro-QOL Cognitive Function Short Form	30
Neuro-QOL Pediatric Cognitive Function Short Form	30

What Is NOMS?

The National Outcomes Measurement System (NOMS) is a voluntary data collection registry that illustrates the value of speech-language pathology services and enables clinicians to improve the quality of those services.

The key to the NOMS Speech-Language Pathology Registry is the use of ASHA's Functional Communication Measures (FCMs) and optional patient-reported outcome (PRO) measures. Based on an individual's treatment plan/Individualized Education Program (IEP), you will choose FCMs and PROs and answer related questions at admission to and again at discharge from speech-language pathology services. The difference in the calculated FCM and PRO scores depicts the amount of change in communication and/or swallowing abilities after speech and language intervention.

As a NOMS participant you have access to online reports comparing your organization's data with the national benchmarks.

Login to NOMS

To access the NOMS data collection and reporting tool, go to <https://nomsregistry.asha.org/login> and login with your ASHA website credentials.



Watch [this video demonstration](#) for an overview of the SLP Healthcare Registry reports.

How Do I Submit NOMS Data?

Each organization indicates their preferred data collection method when they register for NOMS.

Web

If your organization has chosen to submit data using the web-based NOMS tool, go to <https://nomsregistry.asha.org/login>, and log in with your ASHA website username and password.

EMR

If your organization has chosen to submit data via your electronic medical record (EMR) using either the NOMS FHIR app or a customized interface, you should document your NOMS data in your EMR using the procedures established by your organization. The data will be transmitted to NOMS following the pre-determined schedule.

Contact the NOMS subscriber for your organization or email NOMS@asha.org with any questions regarding how you should submit data for your organization

The following badges are used in the next section to highlight various features in the web portal and FHIR app options:

Web Portal

ASHA NOMS website for manual data entry

FHIR App

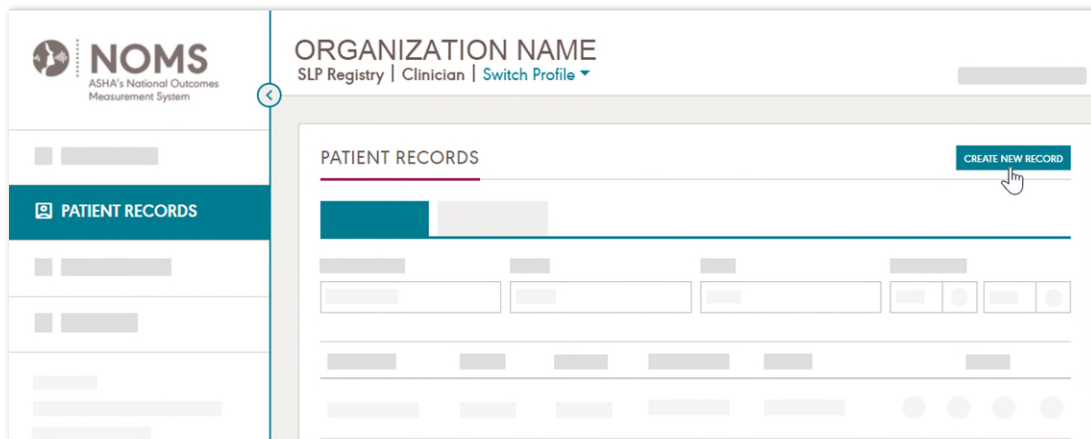
Integrated app for Epic and Cerner EMRs

Create a New Record

Web Portal

If your organization uses the web portal to submit data, follow the steps below to create a new record.

1. Login to NOMS and click **Patient Records** on the left menu.
2. Click the **Create New Record** button located at the top right corner of the page.



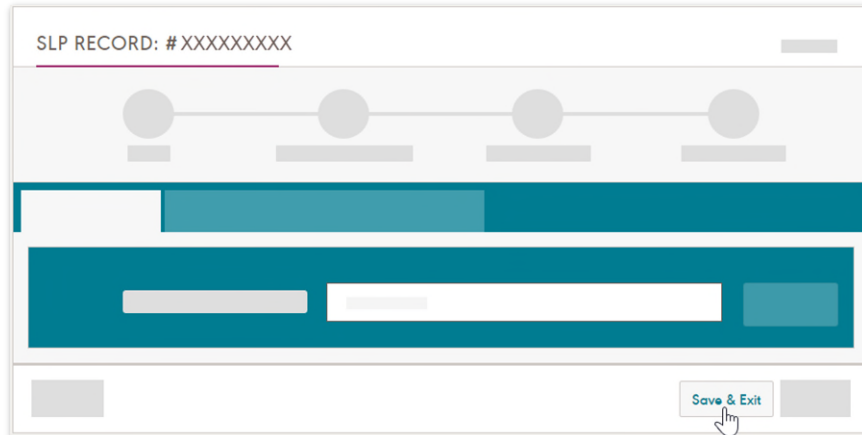
Tip: If you don't see the **Create New Record** button, use the "Switch Profile" button to switch to your clinician role. If you don't see the "Switch Profile" button, you need to be assigned the clinician role. Contact your NOMS subscriber for assistance.

If your organization uses the NOMS FHIR app, follow the internal data collection guidelines established for your EMR.

Save an Incomplete Record

- Web Portal
- FHIR App

Click the **Save & Exit** button to save an incomplete record.



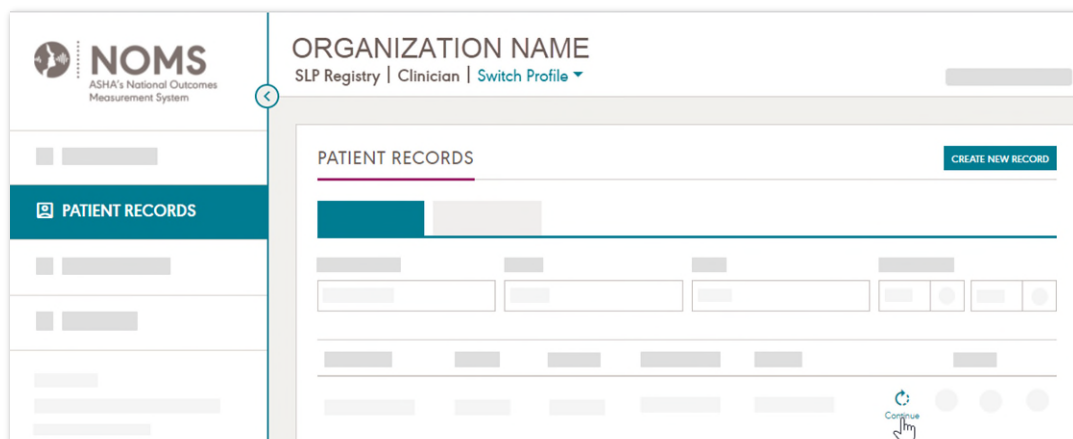
You can also use the save feature if you discontinue an area of intervention, but the individual is still under your care. You should score the applicable FCM on the Discharge Form and save the form. Once the individual is discharged from speech-language pathology services, you can complete the rest of the form and submit it.

When you save a record the system will provide you with the NOMS record number, which you should save so you can locate this record again in the future.

Continue an Incomplete Record

- Web Portal

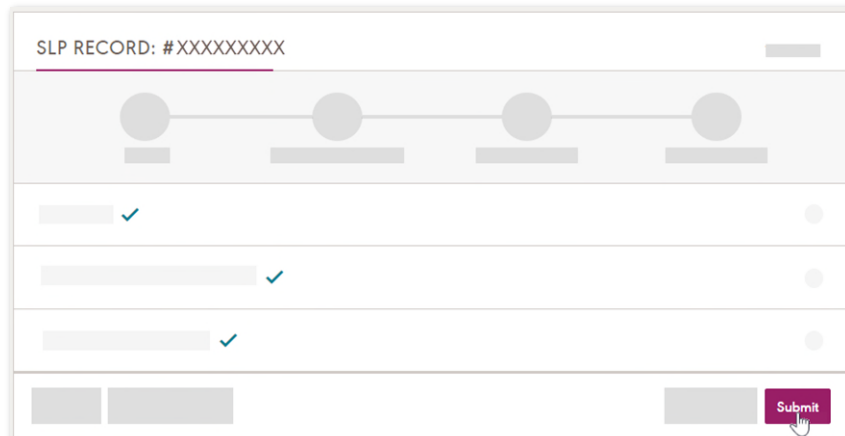
If you save a record, the record will have a status of “Incomplete Admission” or “Incomplete Discharge.” You can resume working on the record by clicking **Continue**.



Submit a Completed Record

[Web Portal](#)[FHIR App](#)

When you have responded to all required questions on the form, click **Submit** to submit the record. The record will now have a status of “Admitted” or “Discharged.”



The screenshot shows a mobile application interface for submitting a record. At the top, it says "SLP RECORD: #XXXXXXXXX". Below this is a progress indicator with four grey circles connected by a line. The first circle is filled, and the others are empty. Below the progress indicator are three rows of input fields. The first row has a checkmark, the second has a checkmark, and the third has a checkmark. At the bottom right, there is a purple "Submit" button with a hand cursor icon over it.

When you admit, discharge, or add a measure via the web-based tool or via the NOMS app from within your EMR, the system will provide you with key information that you should save (see screenshot on the next page). You can copy the information to your computer’s clipboard to easily include it in the patient’s record.

Web Portal

FHIR App

RECORD SUBMITTED

This patient record has been submitted.

NOMS Patient Record Number: XXXXXXXXX

FCM Summary

Cognition Score: 25%

PRO Summary

Neuro-QOL Cognitive Function Score: 64.2

Close Copy to clipboard

- 1 The unique NOMS record number **must be used** on all subsequent data collection forms (e.g., the Discharge Form).
- 2 The total FCM score expressed in percent functionality. Higher scores indicate greater functioning (e.g., 0-25% indicates severe limitations in functionality).
- 3 If you select a PRO and provide a response to all related questions, the system will calculate a PRO score when you submit the form.
- 4 The **Copy to Clipboard** button makes it easy to save this key information for each submitted form.

For organizations that transmit data electronically via CSV or JSON files, your organization will receive this key information in the results file upon submission of the discharged records.

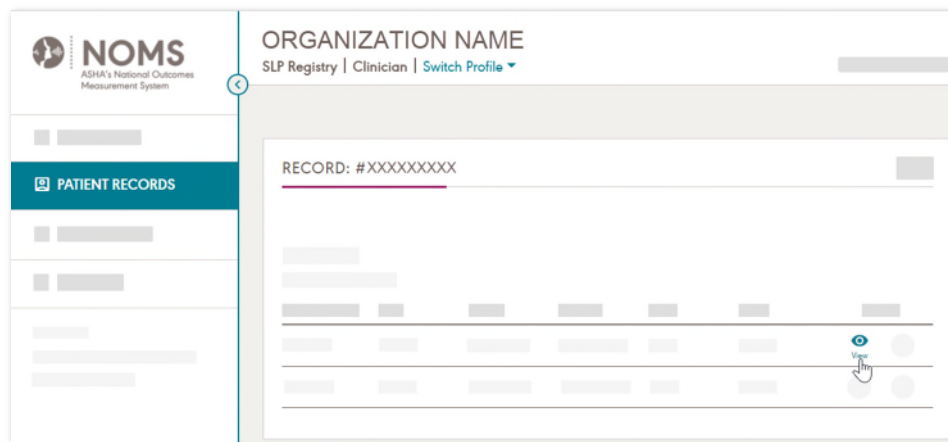
Note: If an individual has been discharged from treatment and NOMS, the same assigned record number should be used if they are re-admitted into NOMS at another level of care in your facility or if treatment is re-initiated at a later time and at the same level of care within your facility.

View FCM and PRO Scores

Web Portal

When you submit a completed form, the system will provide you with the FCM and PRO scores in a pop-up modal as shown on the previous page. If you need to reference these scores again, you can retrieve them at any time by following the steps below.

1. Click **Patient Records** on the left menu and locate the desired record in the list.
2. Click on the **Record ID** for the desired patient record. You will be taken to the **Patient Record Details** page.
3. Click on **View** under the “Actions” Column. Scroll down to the end of the page to view the calculated FCM and PRO scores.



Edit or Delete a Form

Web Portal

FHIR App

You can delete forms with a status of **Incomplete Admission** or **Incomplete Discharge** on your own. To do this:

1. Locate the **Patient Record**.

For *web users*, click **Patient Records** on the left menu. Click on the **Record ID** for the desired patient record. You will be taken to the Patient Record Details page.

For *Epic and Cerner App users*, launch the app for the desired patient record. On the form selector screen, click the **Record Details** button.

2. Click the **Delete** button for the desired incomplete form.



To edit or delete a form that has been submitted (i.e., has a status of **Admitted** or **Discharged**), you must submit a request. To do this:

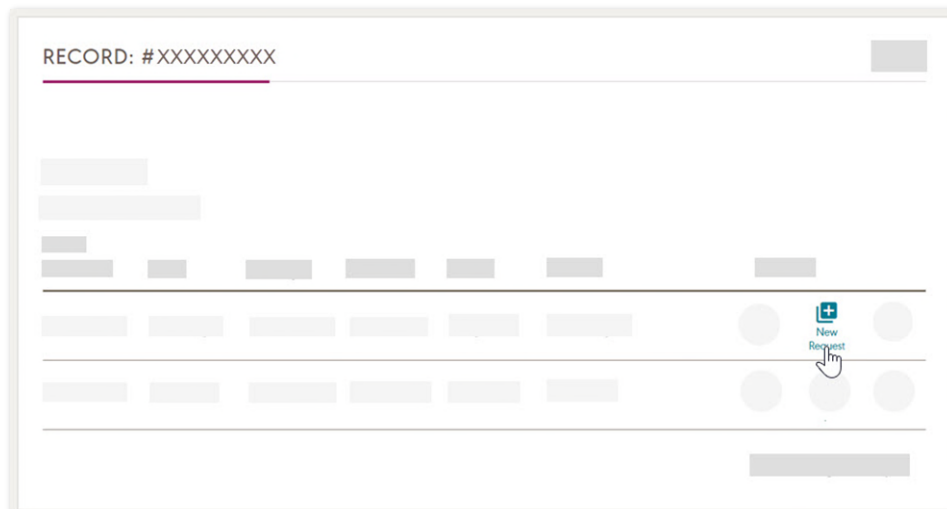
1. Locate the **Patient Record**.

For *web users*, click **Patient Records** on the left menu. Click on the **Record ID** for the desired patient record. You will be taken to the Patient Record Details page.

For *Epic and Cerner App users*, launch the app for the desired patient record. On the form selector screen, click the **Record Details** button.

2. Click the **New Request** button for the desired form.

3. Fill out the Record Change Request form and click **Submit Change Request**. You will receive a confirmation email once the requested action has been completed.

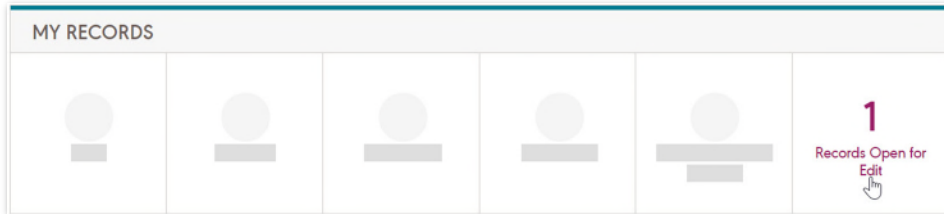


Edit a Form That Has Been Opened for Edit

Web Portal

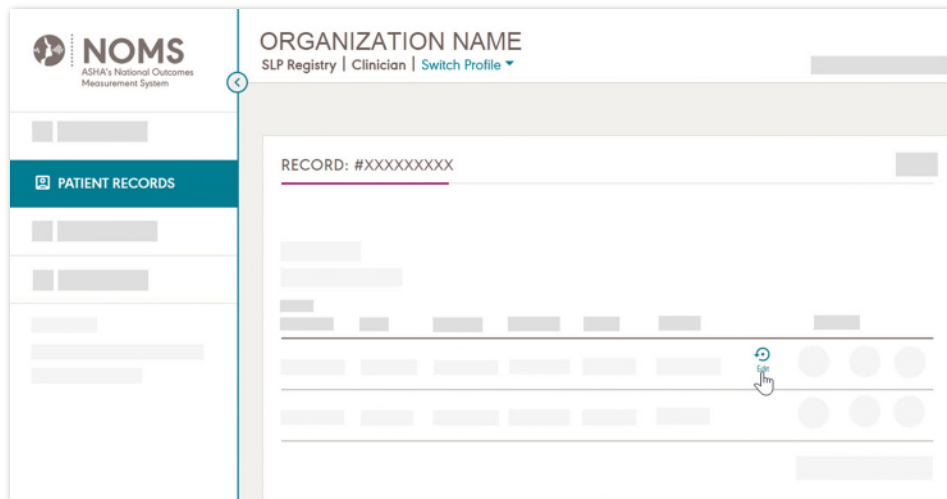
To edit a submitted form that has been opened for you:

1. From your dashboard, click the **Records Open for Edit** metric.



Or click **Patient Records** on the left menu.

2. Click on the **Record ID** for the desired patient record. You will be taken to the Patient Record Details page.
3. Click the **Edit** button that's available for the selected form. *Note, the record will automatically lock if you open the form and leave without making any changes.*



4. Make any necessary changes to the record and click **Save and Close**.

View Change History

Web Portal

FHIR App

You can view the history of change requests you submitted for a patient's record. To do this:

1. Locate the **Patient Record**.

For *web users*, click **Patient Records** on the left menu. Click on the **Record ID** for the desired patient record. You will be taken to the Patient Record Details page.

For *Epic and Cerner App users*, launch the app for the desired patient record. On the form selector screen, click the **Record Details** button.

2. Click on **View Change History**.



NOMS Data Collection

You will enter an eligible individual into NOMS at a *minimum of two points* of care within a specific treatment setting:

1. Admission

You should admit an individual into NOMS either

- upon completion of the evaluation and prior to the initiation of speech and language treatment
- OR
- once they reach 3 years of age, even if they have received prior speech-language pathology treatment.

2. Discharge

You should discharge an individual from NOMS if:

- The individual is no longer receiving speech-language pathology services at the current level of care.
- The individual receives speech-language pathology services for more than 1 year.

Note: You should discharge the individual at each 1-year interval and re-admit them back into NOMS if speech-language pathology services will continue. Use “Annual NOMS Update” as the reason for discharge.

If you use the NOMS web portal or the FHIR app and you select “Annual NOMS update” as the reason for discharge, the system will automatically generate a new Admission Form for the individual—with many responses pre-populated for you to review and submit.

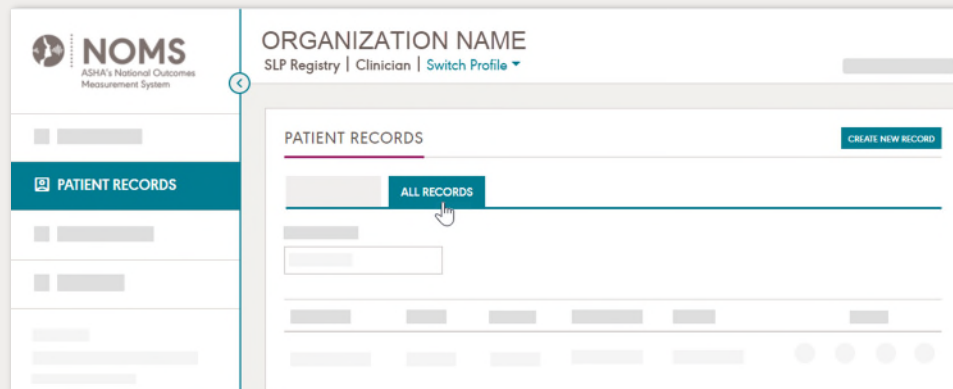
- The individual has a change in medical condition that significantly impacts current communication and/or swallowing abilities (e.g., subsequent stroke) and current plan of care.

Note: You should discharge the individual from NOMS even if they remain at that same level of care and re-admit them back into NOMS with the new plan of care. Use “Change in Medical Condition” as the reason for discharge.

You do not need to discharge and readmit a patient because of a change in clinician during an individual’s intervention program in the same treatment setting.



Tip: If you use the web portal to submit data, click on the **All Records** tab to find a patient record that was started by another clinician at your organization.



Who Should I Include in NOMS?

You should include in NOMS all eligible individuals receiving speech-language pathology intervention. Do not limit data collection to a specific population (e.g., individuals with Medicare as the primary source of funding, individuals treated for dysphagia only).

Eligible patients:

- Individuals who are 3 years of age or older.
- Individuals with an established treatment plan who receive at least 1 treatment session.

- Individuals receiving speech-language pathology intervention at any level of care (e.g., acute, inpatient, school).

Ineligible patients:

- Individuals who are seen for evaluation only.
- Individuals under 3 years of age. You may enter these individuals into NOMS after they turn 3 years of age.

Admission Form

The following data elements and descriptions apply to the NOMS Admission Form.

Age

Enter the patient's age at admission. Patients must be 3 years of age or older. If you enter an age over 89, the age will default to "90+ years."

Gender Identity

Select the individual's gender identity.

Race and Ethnicity

Select the racial and ethnic background of the patient. You can select multiple categories. Consult records that identify the individual's selection, or enter "Unknown."

Current Treatment Setting

Select the appropriate treatment setting from the options in the table below.

Treatment Setting	Description
Acute hospital	Acute-care medical facility or general hospital.
Inpatient rehab	Rehabilitation hospital or unit in acute-care hospital used to support intensive, interdisciplinary rehabilitation. Individuals receive 3 or more hours of daily therapy up to 7 days a week, as appropriate.
Home health or home-based care	Services in the individual's home, including assisted living.
Long-term acute-care hospital	Designated setting or hospital for skilled, inpatient care for those with complex medical needs who require extended hospitalization.
Long-term specialty residential program	For individuals with severe or multiple disabilities.
Outpatient/office-based	Community-based clinic, private practice, day treatment program, or a hospital or medical facility that does not require an overnight stay.
School	Any public or private preschool or school.

Skilled nursing facility	Intermediate- or extended-care unit/facility—either hospital-based or located in a long-term care facility—whose residents need skilled nursing care 24 hours a day. Also referred to as <i>nursing home, geriatric care facility, or long-term care.</i>
Subacute	Coordinated inpatient care provided by an interdisciplinary team that is more intensive (usually 1–3 hours of treatment per week) than the care typically received in skilled nursing facilities but less intensive than services in acute care.

Medical Diagnoses Associated With Communication or Swallowing Impairment

Enter the ICD-10 code(s) that correspond to the primary and secondary (if applicable) medical diagnoses associated with the speech-language pathology treatment. To locate a code, type the name of the diagnosis or enter the alphanumeric value. You may enter up to 25 codes.

Time Since Onset

Select the range that describes the time post onset/exacerbation of the primary medical diagnosis associated with the communication and/or swallowing disorder. For non-acquired or developmental conditions, select “not applicable.”

Speech-Language Pathology Diagnoses/Conditions

Select all communication and/or swallowing disorder(s) that the individual exhibits, even if you are not addressing all of them in treatment.

Hearing Loss

If the person has a hearing loss at the time of admission to NOMS, indicate whether the diagnosis is confirmed, suspected, or unknown.

Cognitive Impairment or Intellectual Disability

If the person has an acquired or developmental cognitive impairment or intellectual disability at the time of admission to NOMS, indicate whether the diagnosis is confirmed, suspected, or unknown.

Functional Communication Measures (FCMs)

Select and score all FCMs that you are targeting as part of the individual’s treatment plan. Rate performance based on the current level of function at admission. Based on the individual’s age, only certain FCMs will be available.

Review the detailed [FCM scoring guidelines](#) below.

Patient-Reported Outcomes (PROs)

Select and score one or more of the *optional* PRO measures. Based on the individual’s age, only certain PROs will be available for scoring, and some individuals may not have a PRO.

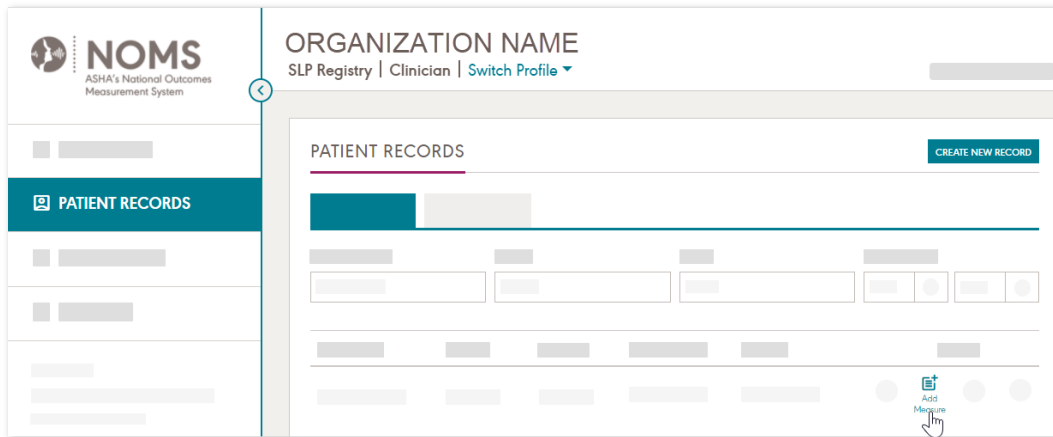
Review the complete descriptions, detailed scoring guidelines, and interpretation of scoring results in the [PRO section](#) below.

Add Measure Form (Optional)

Web Portal

You can use the *optional* Add Measure Form to add FCMs and PROs throughout the course of intervention to reflect a new area of intervention. You can also use the Add Measure Form to add a FCM or PRO if forgot to include it on the Admission Form.

To add a new measure, click the **Add Measure** button for the desired record.



Discharge Form

The following data elements and descriptions apply to the NOMS Discharge Form.

Functional Communication Measures (FCMs)

Score all FCM(s) that you selected at admission based on level of function at discharge.

Review detailed [FCM scoring guidelines](#) below.

Counseling for Safety

Indicate whether the individual or caregiver received counseling during treatment. This question will only appear if you use the Cognition and/or Swallowing FCMs.

Primary FCM Service Delivery Model

Service Delivery Model	Description
Individual	Majority of treatment was provided on a one-to-one basis.
Group	Majority of treatment was provided with other individuals who are working on common goals, skill development, or functional area.
Training/consultation	Majority of treatment focused on patient or caregiver education, development/modification of home program, or periodic monitoring and did not directly work on goals or skill development.
Self-contained classroom	The SLP was the classroom teacher responsible for providing the academic instruction and intensive speech and language remediation.
Classroom-based	Team teaching or direct services were provided to the individual within a classroom or other natural environments. Also referred to as <i>integrated services, curriculum-based, interdisciplinary, or inclusive programming</i> .

FCM Goal Met

Indicate if the individual met the majority (greater than 50%) of their treatment goals for each FCM.

FCM Home Program

Indicate if the clinician provided and the individual completed any structured practice outside of the treatment sessions (e.g., home program, exercises) as part of the treatment plan.

FCM Treatment Targets

Select the *optional* treatment targets that best describe what you addressed during the episode of care.

[Treatment targets](#) [PDF] are currently available for adults who have been scored on one or more of the following FCMs:

- Swallowing FCM
- Cognition FCM
- Speech Intelligibility FCM
- Spoken Language Expression FCM
- Spoken Language Comprehension FCM
- Voice FCM

FCM Treatment Time

Indicate the percentage of treatment time devoted to each selected FCM during the episode of care. The percentage of treatment time across all FCMs must total 100%.

Example 1:

I worked with my patient on Fluency and Pediatric Reading Comprehension over 10 sessions, each lasting 1 hour. For 3 of those sessions, we worked on Fluency and for the remaining 7 sessions, we worked on Pediatric Reading Comprehension. My response to the percentage treatment time question for this patient would be 30% for Fluency and 70% for Pediatric Reading Comprehension.

Example 2:

I worked with my patient on Cognition and Writing over 5 sessions each lasting 1 hour. During each session, we spent about 15 minutes working on Writing and about 45 minutes working on Cognition. My response to the percentage treatment time question for this patient would be 25% for Writing and 75% for Cognition.

Patient-Reported Outcomes (PROs)

Enter the *optional* PRO and satisfaction measures. Based on the individual's age, only certain PROs will be available for scoring, and some individuals may not have a PRO.

Review the complete descriptions, detailed scoring guidelines, and interpretation of scoring results in the [PRO section](#) below.

Primary Reason for Discharge

Reason for Discharge	Description
SLP services no longer warranted at this level of care	Treatment plan for this level of care has been met and speech-language pathology services are no longer warranted <i>at this level of care</i> .
Discharged to another level of care prior to completion of SLP treatment plan	Individual has been discharged to another level of care <i>prior to completion of the speech-language pathology treatment plan</i> .
Progress plateaued	Goals are not met, but individual is no longer making progress and does not appear to benefit from continued speech-language pathology treatment.
Change in medical condition	Individual has experienced a decline in current communication and/or swallowing abilities due to medical reasons. This generally requires a change in the existing treatment plan.
Insurance/financial reasons	Individual's health insurance or funding source has been exhausted.
Requested by individual/family	Goals are not met, but treatment is discontinued upon request by the individual or their family (e.g., for reasons of transportation).
Non-compliant with treatment plan	Goals are not met, but individual is not compliant with treatment program.
Annual NOMS update	Individual has been in treatment for more than 1 year. Discharge and re-admit back into NOMS if the individual will still be receiving services. <i>Note: If you use the NOMS web portal or the FHIR app and you select "Annual NOMS update" as the reason for discharge, the system will automatically generate a new Admission Form for the individual—with many responses pre-populated for you to review and submit.</i>
Other	Other reasons for discharge.

Discharge Setting

Select the setting to which the individual is transitioning.

Treatment Setting	Description
Acute hospital	Acute-care medical facility or general hospital.
Inpatient rehab	Rehabilitation hospital or unit in acute-care hospital used to support intensive, interdisciplinary rehabilitation. Individuals receive 3 or more hours of daily therapy up to 7 days a week, as appropriate.
Home	The individual's home or primary residence, including assisted living.
Long-term acute-care hospital	Designated setting or hospital for skilled, inpatient care for those with complex medical needs who require extended hospitalization.
Long-term specialty residential program	For individuals with severe or multiple disabilities.
Skilled nursing facility	Intermediate- or extended-care unit/facility—either hospital-based or located in a long-term care facility—whose residents need skilled nursing care 24 hours a day. Also referred to as <i>nursing home, geriatric care facility, or long-term care</i> .
Subacute	Coordinated inpatient care provided by an interdisciplinary team that is more intensive (usually 1–3 hours of treatment per week) than the care typically received in skilled nursing facilities but less intensive than services in acute care.
Unknown	The discharge setting is unknown.

Continued SLP Services

Indicate if continued speech-language pathology services are recommended.

Primary Funding Providing Majority of Reimbursement

Funding Source	Description
CHIP	Children’s Health Insurance Program (CHIP) is a state-based funding program that acts as either a Medicaid expansion program or a separate program that provides coverage to low-income or uninsured children.
IDEA/Educational Funding	Funding that is provided through an individualized education program (IEP) based on federal law (the Individuals with Disabilities Education Act [IDEA]) requiring free appropriate public education to school-aged students with disabilities, from 3 years of age to high school graduation.
Medicare Part A	Government-assisted hospital insurance that covers inpatient care and services provided in skilled nursing facilities, hospices, and home health care.
Medicare Part B	Government-assisted insurance that covers outpatient care and some home health care.
Medicare Part C/advantage	Private insurance companies that contract with Medicare to offer insurance coverage under Medicare Part A (hospital insurance) and Medicare Part B (medical insurance).
Medicaid (fee-for-service)	Government-assisted payment model where services are unbundled and paid for separately.
Medicaid (managed care)	A network of managed care organizations (MCOs) that have entered a contract or subcontract with the state Medicaid agency to offer benefits and services.
Organization-sponsored assistance	Funding provided by an outside organization other than a private health insurance company (e.g., Easterseals, Veterans Health Administration [VA], Scottish Rite).
Private health plan	Funding provided by entities other than the government.
Tricare	Health care program for uniformed service members, retirees, and their families around the world.
Workman’s compensation	Business insurance administered by the U. S. Department of Labor that provides benefits to employees who suffer work-related injuries or illnesses.
Self-pay	Individual or responsible party pays the full amount.
Unknown	The primary funding source is unknown.

Days in Treatment

Indicate the total number of *calendar* days the individual received treatment during the episode of care.

Example:

If a patient received treatment two times per week for exactly 2 months, then the length of stay would be 60 days.

Number of Individual Sessions

Indicate the total number of individual sessions during the episode of care. If none, enter "0."

Note: An individual must receive at least 1 treatment session (either individual or group) to be included in NOMS.

Number of Group Sessions

Indicate total number of group sessions during the episode of care. If none, enter "0."

Note: An individual must receive at least 1 treatment session (either individual or group) to be included in NOMS.

Telepractice Services

Indicate whether any services were delivered via telepractice.

Sessions per Week

Indicate how many times a week the individual typically received treatment.

Average Length of Session

Indicate the average length of a typical treatment session.

Average Group Size

If the individual received group treatment, indicate the average size of treatment group.

Reporting Functional Status in NOMS

For each individual entered into NOMS, you will report pre- and post-functional status using the *required* clinician-reported Functional Communication Measures (FCMs) and *optional* Patient-Reported Outcome Measures (PROs).

Functional Communication Measures (FCMs)

The [FCMs](#) [PDF] are a series of domain-specific measures used to describe an individual's functional abilities over the course of speech-language pathology intervention in a given level of care. Each FCM domain contains a series of questions that asks you to rate how often the individual

- exhibits a particular problem;
- completes a functional task;
- performs based on level of demand; and/or
- needs supervision or assistance (in excess of chronological age expectations).

Responses for each FCM question are based on your assessment of how the individual functions independently *without* support provided by another individual. However, functional performance may include the use of strategies or accommodations that the individual self-initiates.

FCM Scoring Guidelines and Procedures

At admission and discharge from speech-language pathology treatment, you will report on each individual's functional status using at least one FCM. You should score *all* areas being addressed in your individualized treatment plan. That is, you should score *all* FCMs that specifically relate to the individual's goals (typically, one to four FCMs per individual).

When scoring the FCMs, carefully review the instructions, notes, and key terms and consider what the individual can do functionally in terms of the following:

- Based on chronological age expectations
- *Without* additional assistance from another individual

Note: The use of self-initiated strategies or accommodations should not be considered additional assistance.

The FCMs are not dependent upon the administration of any particular formal or informal assessment measure.

The following is a list of the scoring guidelines and key concepts for the 18 [FCMs](#) [PDF], some of which are dependent upon the individual's age.

Swallowing and Feeding FCMs

Swallowing

- To be used with patients 3 years and above.
- Use for individuals whose primary concern is risk for aspiration or swallowing safety due to oral pharyngeal dysphagia.
- Swallowing safety for solids and liquid levels is based on the [IDDSI Framework](#).



Tip: Consider scoring both the Swallowing and the Feeding FCMs if an individual's feeding issues affect the safety of their swallow.

Feeding

- To be used with patients 3 years and above.
- Use for individuals who exhibit behavioral or sensory-based feeding issues with or without a swallowing disorder.

Note: Dietary levels should be judged only on swallow function, and any influence of poor dentition should be disregarded.

Cognition FCMs

Cognition

- To be used with patients ages 3 years and above.
 - Note: There are separate Cognition FCMs for ages 3-5 and 6+.
- Use for individuals who exhibit difficulties in memory, attention, and problem solving.
- Consider chronological age expectations and all cognitive domains when rating an individual.

Speech FCMs

Speech Intelligibility

- To be used with patients 3 years and above.
- Use for all individuals with intelligibility difficulties (e.g., dysarthria, speech sound disorders, apraxia).
- Consider listener familiarity, context, and length of utterance.
- Please note that for the Speech Intelligibility FCM, the scale is reversed for the *first question only*. For example, a score of 0-25% indicates the highest functioning for the first question only.

Fluency

- To be used with patients 3 years and above.

- Use for individuals with developmental or acquired fluency disorders.
- Consider performance during typical and high-stress situations (i.e., those the individual identifies as most problematic).

Language and Communication FCMs

Consider chronological age expectations AND performance in *low- and high-demand* situations.

- *Low-demand situations* involve interactive situations where demands or rules are reduced (e.g., familiar setting, familiar conversation partner, known context).
- *High-demand situations* involve interactive situations that provide minimal support and have inherently more demands or rules to follow (e.g., unfamiliar conversational partner or setting, unknown contexts, group conversations and activities).

Spoken Language Comprehension

- To be used with patients 3 years and above.

Note: There are separate Spoken Language Comprehension FCMs for ages 3-5 and 6+.

- Use for individuals with auditory comprehension treatment goals.

Spoken Language Expression

- To be used with patients 3 years and above.

Note: There are separate Spoken Language Expression FCMs for ages 3-5 and 6+.

- Use for individuals with verbal expression treatment goals.
- Consider language form and content.
- Please note that for the Spoken Language Expression 6+ FCM, the scale is reversed for the *first question only*. For example, a score of 0-25% indicates the highest functioning for the first question only.

Multi-Modal Functional Communication

- To be used with patients 3 years and above.
- Use for individuals working on nonverbal communication (e.g., gestures, augmentative and alternative communication [AAC]) or a combination of communication modalities, including speech.



Tip: Consider using the Multi-Modal Functional Communication FCM as well as the Spoken Language Expression FCM if the individual is working on other aspects of expressive language (e.g., gestures, AAC).

Pragmatics

- To be used with patients 3 years and above.

Note: There are separate Pragmatics FCMs for ages 3-5 and 6+.

- Use for individuals working on verbal and/or nonverbal pragmatic language skills.

Voice FCM

Consider performance in *low- and high-demand* activities.

- *Low-demand activities* include utterances produced in a relatively quiet environment or short responses that do not require talking over an extended period of time.
- *High-demand activities* include utterances that require talking over extended periods of time (e.g., lengthy recitation), talking in noisy environments, or controlling the voice over a wide pitch range (e.g., singing).

Voice (all ages)

- To be used with patients 3 years and above.
- Use for individuals working on voice quality, pitch, or loudness due to organic or functional voice disorder.
- Use for individuals who have undergone tracheostomy tube placement as a result of a temporary or stable medical condition and who are considered candidates for oral communication.
- Please note that for the Voice FCM, the scale is reversed for the *first question only*. For example, a score of 0-25% indicates the highest functioning for the first question only.



Tip: Consider scoring the Speech Intelligibility FCM as well if the individual is difficult to understand.

Reading and Writing FCMs

Emergent Literacy

- To be used with patients 3 years and above.
- Use for individuals working on the skills, knowledge, and attitudes that are developmental precursors to reading and writing.

Note: Do not use the Emergent Literacy FCM with any other literacy-based FCM (e.g., Pediatric Reading Comprehension, Writing).

Functional Reading

- To be used with patients 6 years and above.
- Use for individuals working on functional reading skills.
- The Functional Reading FCM is typically used with individuals with acquired conditions or developmental disabilities.

Note: Do not use the Functional Reading FCM and the Emergent Literacy FCM at the same time.

Pediatric Reading Comprehension

- To be used with patients 6 years and above.
- Use for children working on reading comprehension skills.
- The Pediatric Reading Comprehension FCM is typically used with children with developmental reading disorders.
- When scoring the Pediatric Reading Comprehension FCM, the clinician assumes that the individual has adequate emergent literacy skills.

Note: Do not use the Pediatric Reading Comprehension FCM and the Emergent Literacy FCM at the same time.

Writing

- To be used with patients 6 years and above.
- Use when working with individuals on writing skills.
- Consider spelling, punctuation, capitalization, and morphosyntactic structures *as well as* performance in low- and high-demand situations.

Note: Do not consider motoric limitations when scoring the Writing FCM.

Interpreting the FCM Score

When you submit the admission, add measure, or discharge form, the NOMS system will calculate a FCM score for each FCM that you selected.

The screenshot shows a form titled "RECORD SUBMITTED". At the top, there is a green bar. Below it, the text "NOMS Patient Record Number: XXXXXXXXX" is displayed. Underneath is the section "FCM Summary". A table lists the FCM scores:

FCM	Score
Cognition	Score: 25%

At the bottom of the form, there is a progress bar with a small grey segment and a larger teal segment. A hand cursor icon is positioned over the "Score: 25%" text.

The total FCM score is expressed in percent functionality. A higher score indicates greater functioning, and a lower score indicates lower functioning (e.g., 0-25% indicates severe limitations in functionality).

Patient-Reported Outcomes (PROs)

In contrast to the clinician-reported measures (i.e., FCMs), PROs directly assess how the individual feels about their communication, cognition, and/or swallowing abilities before and after treatment. You will have the option to submit PROs completed by the individual or their proxy at admission and discharge. The number of available PROs is dependent upon the individual's age.

You can access printable versions of the PROs from your clinician dashboard in the NOMS web tool or by viewing the forms on the [ASHA website](#).



Tip: Each PRO has two versions – one to be completed at admission and the other at discharge. The discharge version of each PRO has additional questions related to treatment satisfaction.

The following is a list of the six *optional* PROs available in NOMS, the applicable age range, the FCM(s) that are typically scored with each, and any scoring and interpretation notes.



Tip: The system will only calculate a PRO score for the patient if a response was provided for *every question* on the form.

The Eating Assessment Tool–10 (EAT-10)

Age Range	Applicable FCMs	Scoring and Interpretation
18+ years	Swallowing	<ul style="list-style-type: none"> Total scores are displayed and range from 0 to 40. Lower scores reflect better self-assessed performance.

The Pediatric Eating Assessment Tool–10 (PEDI-EAT-10)

Age Range	Applicable FCMs	Scoring and Interpretation
3–17 years	Swallowing	<ul style="list-style-type: none"> Total scores are displayed and range from 0 to 40. Lower scores reflect better self-assessed performance.

The Communicative Participation Item Bank (CPIB) – General Short Form

Age Range	Applicable FCMs	Scoring and Interpretation
18+ years	<ul style="list-style-type: none"> Fluency Multi-Modal Functional Communication Pragmatics Speech Intelligibility Spoken Language Comprehension Spoken Language Expression Voice 	<ul style="list-style-type: none"> <i>t</i>-scores are displayed and range from 24.2 to 71.0, with a mean of 50 and a standard deviation of 10. Higher scores reflect better self-assessed performance.

The ASHA Pediatric Communication Patient-Reported Outcome Measure

Age Range	Applicable FCMs	Scoring and Interpretation
3–17 years	<ul style="list-style-type: none"> • Fluency • Multi-Modal Functional Communication • Pragmatics • Speech Intelligibility • Spoken Language Comprehension • Spoken Language Expression • Voice 	<ul style="list-style-type: none"> • Total scores are displayed and range from 10 to 50. • Higher scores reflect better self-assessed performance.

Neuro-QOL Cognitive Function Short Form

Age Range	Applicable FCMs	Scoring and Interpretation
18+ years	Cognition	<ul style="list-style-type: none"> • <i>t</i>-scores are displayed and range from 17.3 to 64.2, with a mean of 50 and a standard deviation of 10. • Higher scores reflect better self-assessed performance.

Neuro-QOL Pediatric Cognitive Function Short Form

Age Range	Applicable FCMs	Scoring and Interpretation
8–17 years	Cognition	<ul style="list-style-type: none"> • <i>t</i>-scores are displayed and range from 21.4 to 64.5, with a mean of 50 and a standard deviation of 10. • Higher scores reflect better self-assessed performance.