



ASHA's National Outcomes Measurement System

Adults in Health Care

Functional Communication Measures (FCMs)

Speech-Language Pathology



AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

Functional Communication Measures

Introduction

The Functional Communication Measures (FCMs) are a series of 15 disorder-specific seven-point rating scales, ranging from least functional (Level 1) to most functional (Level 7). They have been developed by ASHA to describe the different aspects of a patient's functional communication and swallowing abilities over the course of speech-language pathology intervention and are part of ASHA's National Outcome Measurement System (NOMS) data collection and reporting tool.

In 2008, eight of the 15 FCMs from the NOMS Adult Healthcare data collection component were submitted to the National Quality Forum (NQF) (www.qualityforum.org) for review. All eight were endorsed and subsequently became available for use as part of the Centers for Medicare and Medicaid Services Physician Quality Reporting System. It is important to note that the FCMs are only one component of NOMS. To receive access to all of the components of NOMS – national database of treatment outcomes and customized data reports – your organization must subscribe to NOMS and become a registered NOMS site. If you would like to learn more about NOMS and register your organization to participate in data collection, visit www.asha.org/NOMS.

The following are the eight FCMs that were endorsed by NQF for use in the Physician Quality Reporting System.

- Attention
- Memory
- Motor Speech
- Reading
- Spoken Language Comprehension
- Spoken Language Expression
- Swallowing
- Writing

Description of Seven-Level FCM scoring

Each level of the FCMs contains references to the intensity and frequency of the cueing method and use of compensatory strategies that are required to assist the patient in becoming functional and independent in various situations and activities. Both the amount and intensity of the cueing must be considered in scoring an FCM. Familiarize yourself with the following descriptors and refer to them when scoring the FCM scales.

Frequency of Cueing

Consistent	Required 80%–100% of the time.
Usually	50%–79% of the time.
Occasionally	20%–49% of the time.
Rarely	Less than 20% of the time.

Intensity of Cueing

Maximal	Multiple cues that are obvious to nonclinicians. Any combination of auditory, visual, pictorial, tactile, or written cues.
Moderate	Combination of cueing types, some of which may be intrusive.
Minimal	Subtle and only one type of cueing.

You will notice that the intensity and frequency of the cueing may be modified from one FCM level to another as the complexity of the information/task or situation increases. Outlined below are some examples of general types of activities in which the patient may engage throughout the course of recovery. These are provided merely for illustration and are not intended as must-do activities for rating a patient at a particular FCM level.

Simple routine living activities	Basic self-care activities that most adults carry out every day: following simple directions; eating a meal; and completing personal hygiene, dressing, etc.
Complex living activities	Changing a flat tire; reading a book; planning and preparing a meal; and managing one's own medical, financial, and personal affairs, etc.

We tried as much as possible to ensure consistency among similar levels of performance on the various FCM scales; however, this was not always possible given the nature of the different aspects of communication and swallowing abilities. For example, do not assume that a Level 5 on one scale is comparable to a Level 5 on a different scale.

Attention

Note: *The following are some examples of living activities as used with this FCM:*

Simple living activities *following simple directions, reading environmental signs, eating a meal, completing personal hygiene, and dressing.*

Complex living activities *watching a news program, reading a book, planning and preparing a meal, and managing one's own medical, financial, and personal affairs.*

LEVEL 1: Attention is nonfunctional. The individual is generally unresponsive to most stimuli.

LEVEL 2: The individual can briefly attend with consistent maximal stimulation, but not long enough to complete even simple living tasks.

LEVEL 3: The individual maintains attention over time to complete simple living tasks of short duration with consistent maximal cueing in the absence of distracting stimuli.

LEVEL 4: The individual maintains attention during simple living tasks of multiple steps and long duration within a minimally distracting environment with consistent minimal cueing.

LEVEL 5: The individual maintains attention within simple living activities with occasional minimal cues within distracting environments. The individual requires increased cueing to start, continue, and change attention during complex activities.

LEVEL 6: The individual maintains attention within complex activities and can attend simultaneously to multiple demands with rare minimal cues. The individual usually uses compensatory strategies when encountering difficulty. The individual has mild difficulty or takes more than a reasonable amount of time to attend to multiple tasks/stimuli.

LEVEL 7: The individual's ability to participate in vocational, avocational, or social activities is not limited by attentional abilities. Independent functioning may occasionally include the use of compensatory strategies.

Memory

Note: The following terms are used with this FCM:

External Memory Aid *calendars, schedules, communication/memory books, pictures, color coding.*

Memory Strategies *silent rehearsals, word associations, chunking, mnemonic strategies.*

LEVEL 1: The individual is unable to recall any information, regardless of cueing.

LEVEL 2: The individual consistently requires maximal verbal cues or uses external aids to recall personal information (e.g., family members, biographical information, physical location, etc.) in structured environments.

LEVEL 3: The individual usually requires maximal cues to recall or use external aids for simple routine and personal information (e.g., schedule, names of familiar staff, location of therapy areas, etc.) in structured environments.

LEVEL 4: The individual occasionally requires minimal cues to recall or use external memory aids for simple routine and personal information in structured environments. The individual requires consistent maximal cues to recall or use memory aids for complex and novel information (e.g., carry out multiple steps activities, accommodate schedule changes, anticipate meal times, etc.), plan and follow through on simple future events (e.g., use calendar to keep appointments, use log books to complete a single assignment/task, etc.) in structured environments.

LEVEL 5: The individual consistently requires minimal cues to recall or use external memory aids for complex and novel information. The individual consistently requires minimal cues to plan and follow through on complex future events (e.g., menu planning and meal preparation, planning a party, etc.).

LEVEL 6: The individual is able to recall or use external aids/memory strategies for complex information and planning complex future events most of the time. When there is a breakdown in the use of recall/memory strategies/external memory aids, the individual occasionally requires minimal cues. These breakdowns may occasionally interfere with the individual's functioning in vocational, avocational, and social activities.

LEVEL 7: The individual is successful and independent in recalling or using external aids/memory strategies for complex information and planning future events in all vocational, avocational, and social activities.

Motor Speech

Note: Individuals who exhibit deficits in speech production may exhibit underlying deficits in respiration, phonation, articulation, prosody, and resonance. In some instances it may be beneficial to utilize additional FCMs focusing on voice if disordered phonation is a large component.

- LEVEL 1:** The individual attempts to speak, but speech cannot be understood by familiar or unfamiliar listeners at any time.
- LEVEL 2:** The individual attempts to speak. The communication partner must assume responsibility for interpreting the message, and with consistent and maximal cues, the patient can produce short consonant-vowel combinations or automatic words that are rarely intelligible in context.
- LEVEL 3:** The communication partner must assume primary responsibility for interpreting the communication exchange; however, the individual is able to produce short consonant–vowel combinations or automatic words intelligibly. With consistent and moderate cueing, the individual can produce simple words and phrases intelligibly, although accuracy may vary.
- LEVEL 4:** In simple structured conversation with familiar communication partners, the individual can produce simple words and phrases intelligibly. The individual usually requires moderate cueing in order to produce simple sentences intelligibly, although accuracy may vary.
- LEVEL 5:** The individual is able to speak intelligibly using simple sentences in daily routine activities with both familiar and unfamiliar communication partners. The individual occasionally requires minimal cueing to produce more complex sentences/messages in routine activities, although accuracy may vary and the individual may occasionally use compensatory strategies.
- LEVEL 6:** The individual is successfully able to communicate intelligibly in most activities, but some limitations in intelligibility are still apparent in vocational, avocational, and social activities. The individual rarely requires minimal cueing to produce complex sentences/messages intelligibly. The individual usually uses compensatory strategies when encountering difficulty.
- LEVEL 7:** The individual’s ability to successfully and independently participate in vocational, avocational, or social activities is not limited by speech production. Independent functioning may occasionally include the use of compensatory techniques.

Reading

- LEVEL 1:** The individual attends to printed material, but doesn't recognize even single letters or common words.
- LEVEL 2:** The individual reads single letters and common words with consistent maximal cueing.
- LEVEL 3:** The individual reads single letters and common words, and with consistent moderate cueing, can read some words that are less familiar, longer, and more complex.
- LEVEL 4:** The individual reads words and phrases related to routine daily activities and words that are less familiar, longer, and more complex. The individual usually requires moderate cueing to read sentences of approximately 5–7 words.
- LEVEL 5:** The individual reads sentence-level material containing some complex words. The individual occasionally requires minimal cueing to read more complex sentences and paragraph-level material. The individual occasionally uses compensatory strategies.
- LEVEL 6:** The individual is successfully able to read most material but some limitations in reading are still apparent in vocational, avocational, and social activities. The individual rarely requires minimal cueing to read complex material. Although reading is successful, it may take the individual longer to read the material. The individual usually uses compensatory strategies when encountering difficulty.
- LEVEL 7:** The individual's ability to successfully and independently participate in vocational, avocational, and social activities is not limited by reading skills. Independent functioning may occasionally include use of compensatory strategies.

Spoken Language Comprehension

- LEVEL 1:** The individual is alert, but unable to follow simple directions or respond to yes/no questions, even with cues.
- LEVEL 2:** With consistent, maximal cues, the individual is able to follow simple directions, respond to simple yes/no questions in context, and respond to simple words or phrases related to personal needs.
- LEVEL 3:** The individual usually responds accurately to simple yes/no questions. The individual is able to follow simple directions out of context, although moderate cueing is consistently needed. Accurate comprehension of more complex directions/messages is infrequent.
- LEVEL 4:** The individual consistently responds accurately to simple yes/no questions and occasionally follows simple directions without cues. Moderate contextual support is usually needed to understand complex sentences/messages. The individual is able to understand limited conversations about routine daily activities with familiar communication partners.
- LEVEL 5:** The individual is able to understand communication in structured conversations with both familiar and unfamiliar communication partners. The individual occasionally requires minimal cueing to understand more complex sentences/messages. The individual occasionally initiates the use of compensatory strategies when encountering difficulty.
- LEVEL 6:** The individual is able to understand communication in most activities, but some limitations in comprehension are still apparent in vocational, avocational, and social activities. The individual rarely requires minimal cueing to understand complex sentences. The individual usually uses compensatory strategies when encountering difficulty.
- LEVEL 7:** The individual's ability to independently participate in vocational, avocational, and social activities is not limited by spoken language comprehension. When difficulty with comprehension occurs, the individual consistently uses a compensatory strategy.

Spoken Language Expression

Note: This FCM should not be used for individuals using an augmentative/alternative communication system.

- LEVEL 1:** The individual attempts to speak, but verbalizations are not meaningful to familiar or unfamiliar communication partners at any time.
- LEVEL 2:** The individual attempts to speak, although few attempts are accurate or appropriate. The communication partner must assume responsibility for structuring the communication exchange, and with consistent and maximal cueing, the individual can only occasionally produce automatic and/or imitative words and phrases that are rarely meaningful in context.
- LEVEL 3** The communication partner must assume responsibility for structuring the communication exchange, and with consistent and moderate cueing, the individual can produce words and phrases that are appropriate and meaningful in context.
- LEVEL 4:** The individual is successfully able to initiate communication using spoken language in simple, structured conversations in routine daily activities with familiar communication partners. The individual usually requires moderate cueing, but is able to demonstrate use of simple sentences (i.e., semantics, syntax, and morphology) and rarely uses complex sentences/messages.
- LEVEL 5:** The individual is successfully able to initiate communication using spoken language in structured conversations with both familiar and unfamiliar communication partners. The individual occasionally requires minimal cueing to frame more complex sentences in messages. The individual occasionally self-cues when encountering difficulty.
- LEVEL 6:** The individual is successfully able to communicate in most activities, but some limitations in spoken language are still apparent in vocational, avocational, and social activities. The individual rarely requires minimal cueing to frame complex sentences. The individual usually self-cues when encountering difficulty.
- LEVEL 7:** The individual's ability to successfully and independently participate in vocational, avocational, and social activities is not limited by spoken language skills. Independent functioning may occasionally include use of self-cueing.

Swallowing

Note: *In Levels 3–5, some patients may meet only one of the “and/or” criteria listed. If you have difficulty deciding on the most appropriate level for an individual, use dietary level as the most important criterion if the dietary level is the result of swallow function rather than dentition only. Dietary levels at FCM Levels 6 and 7 should be judged only on swallow function, and any influence of poor dentition should be disregarded.*

LEVEL 1: Individual is not able to swallow anything safely by mouth. All nutrition and hydration are received through non-oral means (e.g., nasogastric tube, PEG).

LEVEL 2: Individual is not able to swallow safely by mouth for nutrition and hydration, but may take some consistency with consistent maximal cues in therapy only. Alternative method of feeding is required.

LEVEL 3: Alternative method of feeding is required as individual takes less than 50% of nutrition and hydration by mouth, and/or swallowing is safe with consistent use of moderate cues to use compensatory strategies and/or requires maximum diet restriction.

LEVEL 4: Swallowing is safe, but usually requires moderate cues to use compensatory strategies, and/or the individual has moderate diet restrictions and/or still requires tube feeding and/or oral supplements.

LEVEL 5: Swallowing is safe with minimal diet restriction and/or occasionally requires minimal cueing to use compensatory strategies. The individual may occasionally self-cue. All nutrition and hydration needs are met by mouth at mealtime.

LEVEL 6: Swallowing is safe, and the individual eats and drinks independently and may rarely require minimal cueing. The individual usually self-cues when difficulty occurs. May need to avoid specific food items (e.g., popcorn and nuts) or require additional time (due to dysphagia).

LEVEL 7: The individual’s ability to eat independently is not limited by swallow function. Swallowing would be safe and efficient for all consistencies. Compensatory strategies are effectively used when needed.

Diet levels/restrictions are defined on the next page. Your facility’s levels may not exactly match these, but please use these levels as a guide in scoring this FCM.

(continued)

Swallowing FCM continued

Swallowing: Dietary Levels/Restrictions

Maximum restrictions:	Diet is two or more levels below a regular diet status in solid and liquid consistency.
Moderate restrictions:	Diet is two or more levels below a regular diet status in either solid or liquid consistency (but not both), OR diet is one level below in both solid <i>and</i> liquid consistency.
Minimum restrictions:	Diet is one level below a regular diet status in solid <i>or</i> liquid consistency.

Solids

Regular:	No restrictions.
Reduced one level:	Meats are cooked until soft, with no tough or stringy foods. Might include meats like meat loaf, baked fish, and soft chicken. Vegetables are cooked soft.
Reduced two levels:	Meats are chopped or ground. Vegetables are of one consistency (e.g., soufflé, baked potato) or are mashed with a fork.
Reduced three levels:	Meats and vegetables are pureed.

Liquids

Regular:	Thin liquids; no restrictions.
Reduced one level:	Nectar, syrup; mildly thick.
Reduced two levels:	Honey; moderately thick.
Reduced three levels:	Pudding; extra thick.

Writing

Note: This FCM should not be used for individuals using an augmentative-alternative communication system. References made here to the writing of words assume that the words are spelled correctly.

- LEVEL 1:** The individual attempts to write, but doesn't produce recognizable single letters or common words.
- LEVEL 2:** The individual writes single letters and common words with consistent maximal cueing.
- LEVEL 3:** The individual writes single letters and common words, and with consistent moderate cueing, can write some words that are less familiar, longer, and more complex.
- LEVEL 4:** The individual writes words and phrases related to routine daily activities and words that are less familiar, longer, and more complex. The individual usually requires moderate cueing to write sentences of approximately 5–7 words.
- LEVEL 5:** The individual writes sentence-level material containing some complex words. The individual occasionally requires minimal cueing to write more complex sentences and paragraph-level material. The individual occasionally uses compensatory strategies.
- LEVEL 6:** The individual is successfully able to write most material, but some limitations in writing are still apparent in vocational, avocational, and social activities. The individual rarely requires minimal cueing to write complex material. The individual usually uses compensatory strategies when encountering difficulty.
- LEVEL 7:** The individual's ability to successfully and independently participate in vocational, avocational, and social activities is not limited by writing skills. Independent functioning may occasionally include use of compensatory strategies.