

ASHA's National Outcomes Measurement System (NOMS)

Clinician User Guide
SLP Healthcare

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What Is NOMS?

The National Outcomes Measurement System (NOMS) is a national data collection and reporting registry that benchmarks the outcomes of individuals receiving audiology and speech-language pathology services across the health care continuum. In exchange for participation in NOMS, you will have access to online reports comparing your organization's data with the national benchmarks.

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.

To access the NOMS Data Collection and Reporting Tool, go to <https://nomsregistry.asha.org/login>

You can use the NOMS tool to:

- View your NOMS profile
- View your compliance issues
- Enter data (for web-based users only)
- View your outcomes reports

How Do I Submit NOMS Data?

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

If your organization has chosen to submit data using the web-based NOMS tool, go to the website above, and log in with your ASHA website email and password.

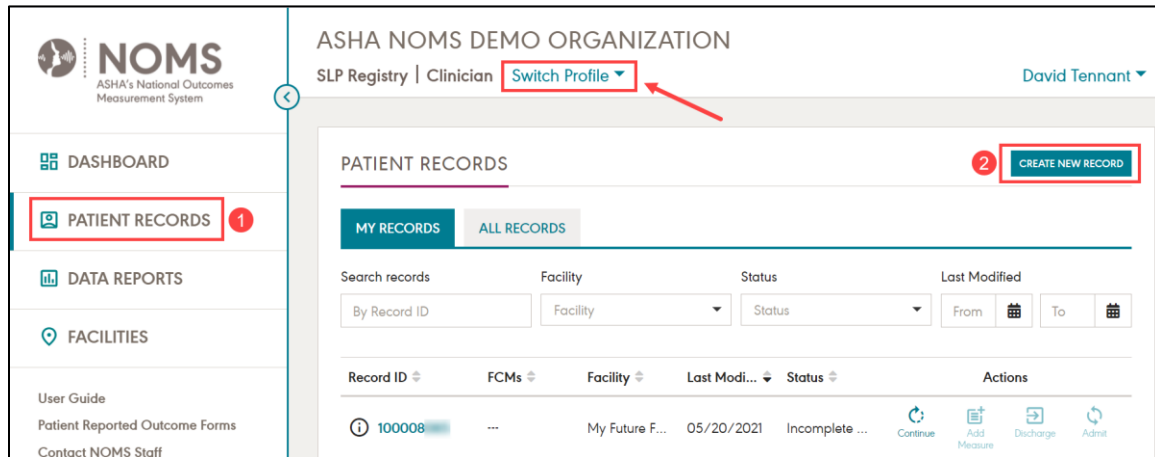
If your organization has chosen to submit data via your electronic medical record (EMR), you should document your NOMS data in your EMR using the interface and procedures established by your organization.

If you have questions about how clinicians at your organization should submit NOMS data, please contact the NOMS subscriber for your organization or email NOMS@asha.org.

Create a New Record

Once you have logged in, click **Patient Records** in the left menu. Next, click the **Create New Record** button located at the top right corner of the page.

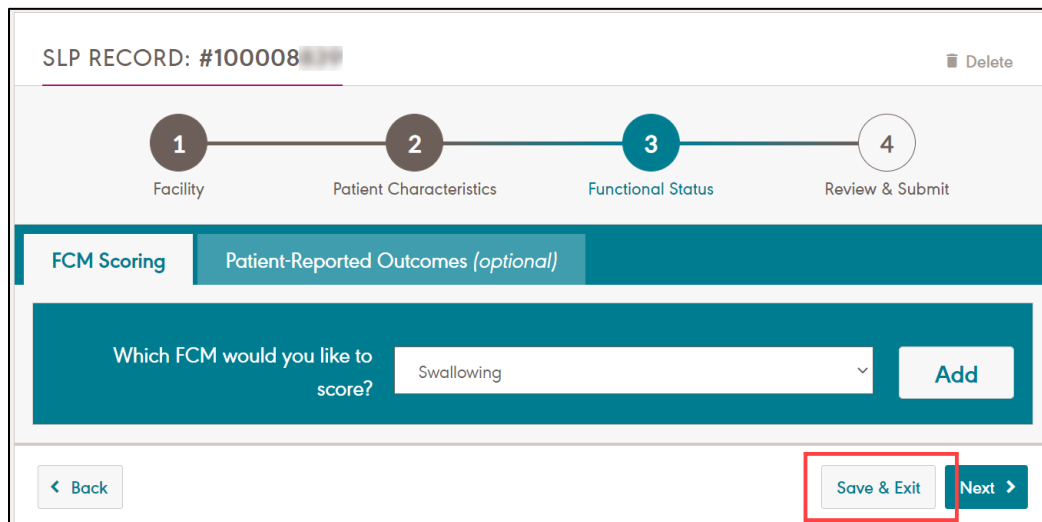
Note: If you have been assigned multiple roles, you may need to use the “Switch Profile” button at the top of the page to switch to your Clinician role first. Only users who have been assigned multiple roles will see the “Switch Profile” button. If you are a subscriber and you do not see the “Switch Profile” button, then you need to assign yourself the clinician role first.



If your organization has chosen to submit data from their electronic medical record (EMR), please enter the NOMS data into the appropriate area of the EMR. Those data will be transmitted to NOMS following the pre-determined schedule.

Save an Incomplete Record

If you start a new record but you are unable to complete it in one session, use the **Save & Exit** button to save the 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 remainder of the form and submit it.

DISCHARGE SLP RECORD: #100008 Delete

1 ¹² Functional Status — 2 ¹⁰ SLP Services — 3 Review & Submit

FUNCTIONAL STATUS ¹² Incomplete

Multi-Modal Functional Communication ✓ ←

Writing ⁹ Incomplete

Percentage Treatment Time ⁵ Incomplete

No PROs selected (optional)

SLP SERVICES ¹⁰ Incomplete +

← Back Cancel Changes Save & Exit Submit

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

Continue an Incomplete Record

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

PATIENT RECORDS CREATE NEW RECORD

MY RECORDS **ALL RECORDS**

Search records Facility Status Last Modified

By Record ID Facility Status From To

Record ID	FCMs	Facility	Last Modified	Status	Actions
100008	Multi-Modal...	Great Reha...	06/11/2021	Incomplete ...	Continue Add Measure Discharge Admit

Submit a Completed Record

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 web-based form titled "DISCHARGE SLP RECORD: #100008" with a "Delete" icon in the top right. A progress bar at the top indicates three steps: 1. Functional Status, 2. SLP Services, and 3. Review & Submit (the current step, highlighted in blue). Below the progress bar, there are two sections: "FUNCTIONAL STATUS" with a green checkmark and a "+" icon, and "SLP SERVICES" with a green checkmark and a "+" icon. At the bottom, there are four buttons: "< Back", "Cancel Changes", "Save & Exit", and "Submit". The "Submit" button is highlighted with a red rectangle.

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.

RECORD SUBMITTED

This patient record has been submitted.

NOMS Patient Record Number: 100008

Please retain this number to complete subsequent forms for this individual.

FCM Summary

Speech Intelligibility	Score: 67%
Swallowing	Score: 50%

PRO Summary

Eating Assessment Tool (EAT-10)	Score: 11
---------------------------------	-----------

[Close](#)
[Copy to clipboard](#)

- The unique NOMS record number **must be used** on all subsequent data collection forms (e.g., the Discharge Form).
- The total FCM score expressed in percent functionality. Higher scores indicate greater functioning (e.g., 0-25% indicates severe limitations in functionality).
- 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.
- The **Copy to Clipboard** button makes it easy to save this key information for each submitted form.

For organizations that have integrated NOMS into their EMR, you will receive this key information in the results file upon discharge.

Note: If an individual has been discharged from treatment and NOMS, this 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

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 viewing the form details page.

First, click **Patient Records** in the left menu. Locate the desired patient record in the list and click on the **Record ID** to navigate to the patient record details page (see screenshot below).

PATIENT RECORDS CREATE NEW RECORD

MY RECORDS **ALL RECORDS**

Search records: By Record ID | Facility: Facility | Status: Status | Last Modified: From To

Record ID	FCMs	Facility	Last Modified	Status	Actions
100008	Speech Intel...	Great Reha...	06/11/2021	Discharged	Continue, Add Measure, Discharge, Admit
100008	Multi-Modal...	Great Reha...	06/11/2021	Discharged	Continue, Add Measure, Discharge, Admit

On the patient record details page, locate the desired form. Click **View**.

RECORD: #100008 Admit

1 Episode

Episode: 1
Status: Discharged

Date Submitted	Form	Facility	Clinician	FCMs	Status	Actions
06/11/2021	Discharge	Great Rehab ...	Tennant, David	Writing, Multi-...	Discharged	View, Delete
06/11/2021	Admission	Great Rehab ...	Tennant, David	Writing, Multi-...	Admitted	View, Delete

On the form details page, you can view all responses that were provided for each question on the form. Scroll down to the bottom of the page to view the FCM and PRO scores (if applicable).



SCORES	
FCM SCORES	
Cognition:	38%
PRO SCORES	
Communicative Participation Item Bank (CPIB):	60.6

Edit and Delete a Record

Incomplete Records

You can edit and delete records with a status of “Incomplete Admission” or “Incomplete Discharge.”

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. Click **Continue** to edit the incomplete form. Click **Delete** to delete the incomplete form.

RECORD: #100008						
1 Episode						
Episode: 1						
Status: Incomplete Admission						
Date Submitted	Form	Facility	Clinician	FCMs	Status	Actions
---	Admission	My Future Fac...	Tennant, David	---	Incomplete A...	 

Complete Records

If you need to edit or delete a record that has been submitted (i.e., has a status of “Admitted” or “Discharged”), please submit a request to NOMS@asha.org, and include the NOMS patient record number.

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 either of the following is true.

- 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 web-based data collection tool or the NOMS app from within your electronic medical record (EMR): After you select “Annual NOMS update,” 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.



NOMS Data Tip: You must discharge and re-admit an individual if they enter another level of care. However, it is not necessary to discharge and re-admit the patient as a result of a change in clinician during an individual’s intervention program in the same treatment setting.

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 meet the following criteria:

- Individuals who are 3 years of age or older.
- Individuals with an established treatment plan who are receiving at least 1 treatment session.
- Individuals receiving speech-language pathology intervention at any level of care (e.g., acute, inpatient, school).

Ineligible patients include the following:

- 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 following options (see 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</i> , <i>geriatric care facility</i> , or <i>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 or Intellectual Disability

If the person has a cognitive 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 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)

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 that you may have forgotten to include on the Admission Form.

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

Record ID	FCMs	Facility	Last Modi...	Status	Actions			
100008	Spoken Lan...	My Future F...	06/11/2021	Admitted				

On the add measure form, you can toggle between the FCM and PRO tabs to add a new FCM or PRO.

ADD MEASURE TO SLP RECORD: #100008
Delete

1
2

Functional Status
Review & Submit

FCM Scoring
Patient-Reported Outcomes (optional)

SPOKEN LANGUAGE COMPREHENSION

Which FCM would you like to score?
Please Select
Add

Next >

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 their treatment goals for each FCM.

FCM Home Program

Indicate if the clinician established and the individual completed a structured home program for each FCM.

FCM Treatment Targets

Select *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 spent the entire time working on Fluency and for the remaining 7 sessions, we spent the entire time working 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 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 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 web-based data collection tool or the NOMS app from within your EMR: After selecting "Annual NOMS update," the system will automatically generate a new admission form for the individual—with many responses pre-populated for you to review and submit.</i>

Discharge Setting

Select the setting to which the individual is transitioning.

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.

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 one 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 one 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).

When you admit and discharge a record in NOMS, the system will provide you with the calculated FCM and PRO scores.

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.



NOMS Data Tip: For all questions, consider chronological age expectations when rating the individual.

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:

- *Without* additional assistance from another individual

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

- Based on chronological age expectations

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 (all ages)

- 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](#).



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

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

Feeding (all ages)

- Use for individuals who exhibit behavioral or sensory-based feeding issues with or without a swallowing disorder.

Cognition FCMs

Cognition (separate 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 (all ages)

- 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 (all ages)

- 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 (separate FCMs for ages 3–5 and 6+)

- Use for individuals with auditory comprehension treatment goals.

Spoken Language Expression (separate 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.



NOMS Data 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).

Multi-Modal Functional Communication (all ages)

- Use for individuals working on nonverbal communication (e.g., gestures, augmentative and alternative communication [AAC]) or a combination of communication modalities, including speech.

Pragmatics (separate 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).



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

Voice (all ages)

- 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.

Reading and Writing FCMs

Emergent Literacy (all ages)

- 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 (all ages)

- 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 (ages 6+)

- 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 (ages 6+)

- 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 total FCM score for each FCM that you selected.

RECORD SUBMITTED

This patient record has been submitted.

NOMS Patient Record Number: 100008
Please retain this number to complete subsequent forms for this individual.

FCM Summary

Fluency	Score: 50%
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Close
Copy to clipboard

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.



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

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](#).



NOMS Data 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.

ADD MEASURE TO SLP RECORD: #100008 Delete

1

2

Functional Status Review & Submit

FCM Scoring
Patient-Reported Outcomes (optional)

EATING ASSESSMENT TOOL (EAT-10) PRO	Add PRO
NEURO-QOL COGNITIVE FUNCTION PRO	Add PRO
COMMUNICATIVE PARTICIPATION ITEM BANK (CPIB) PRO	Add PRO

Next >

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.

The Eating Assessment Tool–10 (EAT-10)

Age Range: 18+ years

Applicable FCMs: Swallowing

Scoring and Interpretation:

- 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: 3–17 years

Applicable FCMs: Swallowing

Scoring and Interpretation:

- 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: 18+ years

Applicable FCMs: Fluency, Voice, Speech Intelligibility, Pragmatics, Spoken Language Comprehension, Spoken Language Expression, and/or Multi-Modal Functional Communication

Scoring and Interpretation:

- *t*-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: 3–17 years

Applicable FCMs: Fluency, Voice, Speech Intelligibility, Pragmatics, Spoken Language Comprehension, Spoken Language Expression, and/or Multi-Modal Functional Communication

Scoring and Interpretation:

- 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: 18+ years

Applicable FCMs: Cognition

Scoring and Interpretation:

- *t*-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: 8–17 years

Applicable FCMs: Cognition

Scoring and Interpretation:

- *t*-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.