

AAC Report Structure for Funding of Speech Generating Devices

Request for Speech Generating Device (SGD) Funding

Section 1: Demographic Information

- Name:
- Address:
- Phone Number:
- Date of Birth
- Medical Diagnosis: Down Syndrome
- Date of Onset:
- Speech Diagnosis: Severe Expressive Language Disorder or Severe Phonologic Disorder
- Date of Onset:
- Medicare Number:
- Medicaid Number:

- Primary Contact Name:
- Address:
- Phone Number:
- Relationship to Patient:

- Physician Name:
- Physician Phone Number:
- SLP Name:
- SLP Phone Number:
- Date of SLP Evaluation: (when the pt. tried devices)
- Date of Report:

Section 2: Current Communication Impairment

A. General Statements

1. Impairment type and severity (Diagnosis)

- Indicate Speech/Language diagnosis – Severe Expressive Language Disorder or Severe Phonologic Disorder.
 - Describe impairment severity; [expressively, it MUST be SEVERE in nature. [Receptively, a severe impairment could raise red flags, so describe them separately if possible].
 - If they have had a device in the past, be sure to talk about what device it is, when they received it, who paid for it and why it isn't working for them now – MEDICALLY. Put this right in the first section so the reviewer doesn't have to read the entire report trying figure out why they are getting a new device.
- EX:** Client is a _ year old boy with a diagnosis of Down Syndrome. His speech is judged at 60% intelligible for single, familiar words, but when he attempts

to speak at the sentence level, intelligibility drops to 30%. He has difficulty communicating wants and needs to his family and friends as well as medical personnel. He frequently points to items because he cannot be understood, and becomes frustrated when this happens. He is able to respond to yes/no questions with head nodding, but this is not an effective means of communication and therefore the assessment for the need of a speech generating device was completed.

2. Anticipated Course of Impairment

- This section should demonstrate the current status and the expected course of the speech impairment as it relates to the underlying disease/condition.
- State that the prognosis for development of functional speech is POOR.

EX: His condition is chronic and stable and independent verbal communication is expected to remain at the present level. Prognosis for the development of functional speech is poor. Therefore, it is anticipated that his natural speech will not be sufficient to meet daily communication needs.

B. Comprehensive Assessment

1. Language Skills: Receptive, Expressive, Pragmatic

- Include in report:
 - performance on any language assessments completed
 - reading level – unable to read, reads at the word level, reads short sentences, functional reading.
 - auditory comprehension - follows everyday conversation, follows (1,2,3)-step commands, laughs at humorous situations.
 - type and level of symbol use by the individual. Does person require pictographic symbols, words, letters, and/or a combination of words and symbols?
 - linguistic capacity to formulate language/messages – can use pictures to put words together; spelling ability.
 - level of independence in formulating messages using language.

EX: Patient's receptive language skills were judged to be a relative strength. Patient demonstrates comprehension of words, sentences and simple conversation. Patient demonstrated the ability to follow simple directives with minimal repetitions and no cueing to initiate. Pt.'s expressive language abilities are severely impaired. His phonemic repertoire is limited; he can produce bilabial and lingual sounds in 1-2 CV syllables, but frequent tongue protrusion interferes with production of many other phonemes. He produces one-word utterances with approximately 60% intelligibility, but his running speech is characterized by mostly unintelligible jargon due to phonologic difficulty. Utterances that are intelligible lack grammatical competence. He is able to recognize a few sight words but is not a functional reader and speller.

2. Cognitive Skills

- Describe the level of cognitive impairment (no impairment to significant cognitive impairment) as it relates to the person's need for and ability to

use an SGD. Be sure to describe that the client understands the use of an SGD and show independent use of the device. A very low cognitive level is a red flag for Medicare. Avoid stating the client has a severe cognitive impairment, as Medicare is only interested in cognitive skills as they apply to SGD use, and negative statements will not help your case.

- Describe the person's attention, memory, and problem-solving skills as they relate to using an SGD to enhance or develop daily, functional communication skills. *A good statement to include would be something like "Although cognitive capacity cannot be formally assessed due to the lack of expressive skills, this client reacts appropriately during interactions with peers and support staff".*
- Example statements: understands cause and effect, follows familiar conversation, retains task instructions, attends to a motivating task for 15 minutes, makes accurate selections identifying items from pictures/icons.
- **The report should state:** The patient possesses the cognitive/linguistic abilities to effectively use an SGD to communicate and achieve functional communication goals.

Example: Client understands cause and effect. He has the cognitive ability to learn new tasks, including device operation. He remembered locations of symbols included on the device and recognized that he could use the device to express wants and needs. He attended to task for 15 minutes without requiring a break. Based on this, the patient possesses the cognitive/linguistic abilities to effectively use an SGD to communicate and achieve functional communication goals.

3. Physical Status

- Describe pertinent considerations regarding motor skills, ambulatory status, positioning and seating. State if client uses a wheelchair or walker. If wheelchair mount is being recommended, it must be used within the home, not just for transport out in the community.
[Funding sources other than Medicare will not care if a wheelchair is used only out in the community.]
- Describe how the person will access the SGD – able to use a pointer finger to direct select on a touch screen.
- If ambulatory, document that the person can lift and carry a device of ____weight, or who is going to transport it if the user cannot.
- **The report should state:** The patient possesses the physical abilities to effectively use an SGD and required accessories to communicate.

4. Vision Status

- Describe the communicator's vision relative to using an SGD (along a continuum from normal vision to blindness).
- Include the following elements if/when pertinent to SGD use/selection: acuity, visual tracking, visual field, size of symbols, size of font, number of words or symbols and spacing.
- If there are no special visual needs, you may simply state that vision is corrected with glasses, for example.

- **The report should state:** The patient possesses the visual abilities to effectively use an SGD to communicate functionally.

Example: No history of visual impairment. The patient possesses the visual abilities to effectively use an SGD to communicate functionally.

5. Hearing Status

- Describe the communicator's hearing relative to communicating with an SGD (along a continuum from normal hearing to deafness).
- Include communication partner's status, if relevant.
- Include specifics (if related to SGD use/selection) regarding acuity, localization, understanding of natural speech, understanding speech generated by an SGD.
- If a hearing impairment is present, describe how the SGD needs to provide visual text for the pt. to preview.
- **The report should state:** The patient possesses the hearing abilities to effectively use an SGD to communicate functionally.

Example 1: No history of hearing impairment. The patient possesses the hearing abilities to effectively use an SGD to communicate functionally.

Example 2: Although this client has a mild-moderate conductive hearing loss, he is able to hear and understand synthesized speech and possesses the ability to use an SGD.

Section 3: Daily Communication Needs

A. Specific Daily Functional Communication Needs

- This section should list the person's daily functional communication (not just medical) needs IN THE HOME, NOT OUT IN THE COMMUNITY:
 - Communication to enable person to get physical needs met (e.g., ability to communicate in emergency situations, directing behavior of caregivers, advocating for him/herself, communicating with family, friends, or clergy using the phone).
 - Communication to enable person to obtain necessary medical care and participate in medical decision-making, (e.g., reporting medical status and complaints, asking questions of medical providers, responding to medical provider's questions, discussing choices for end of life care, communicating with medical providers by phone).
 - Communication to enable person to carry out family and community interactions.

B. Ability to Meet Communication Needs with Non-SGD Treatment

Approaches This section should document why the patient is unable to fulfill daily functional communication needs using natural speech (or speech aids) and non-SGD treatment approaches

(Name)'s daily functional communication needs cannot be met using natural communication methods or low-tech/no-tech AAC techniques.

Speech Therapy – Discuss success of previous speech therapy and prognosis without an SGD – should be poor.

EX. 1: (Name) has received speech therapy services over the course of several years. Although gains have been made in auditory comprehension, (Name) remains mostly unintelligible.

EX 2: This pt. received years of speech therapy as a child; due to the life-long speech problems associated with some forms of Down's and lack of improvement in verbal output, further treatment is not appropriate.

Sign language – EX 1: Sign language is not a viable option for communication due to the underlying language/grammar deficits and the inability to spell.

EX 2: Sign language is not a viable option for communication due to the fact that most communication partners do not understand this method of communication.

EX 3: This is not an adequate form of communication for (Name) as (he/she) is limited in (his/her) acquisition of signs and would be unable to learn a second language.

Writing: EX 1: Writing is not a viable communication method due to lack of speech output; it cannot be used over the phone or from another room.

EX 2: Writing cannot be used as a communication method due to pt.'s the inability to spell functionally.

Communication symbols, communication boards and PECS – These methods limit communication to the symbols provided in a book or board. Managing these symbols and having them readily available to the individual during communication opportunities presents a challenge to independent, easily accessible communication. Navigating through pages of language and/or individual symbol cut outs (usually with the assistance of others) slows down or completely stops the communication process.

For these reasons, low tech and no tech options were eliminated from consideration. These strategies have no voice output. Without voice output an individual cannot independently call for help nor advocate for self.

Section 4: Functional Communication Goals

List 3 – 4 goals for meeting communication needs with SGD. They should reflect independent use of the device, and not include the need for prompting:

Examples:

- Will combine two or more symbols to indicate medical status, needs or emotional state.
- Will participate in a phone conversation.
- Given a specific message to find, will independently navigate to the correct page
- Will use humor during social interaction.
- Will tell or retell a story related to a particular event or context
- Will spontaneously use greetings and farewells by incorporating Quickfires and My Phrases.
- Will express feelings and opinions to family members and caregivers using topic pages.

Section 5: Rationale for Device Selection

This individual requires a speech generating device with the following features to meet the person's functional communication goals.

A. General Features of Recommended SGD and Accessories

1. Input Features/Selection Technique

A. Access method

1. Individual can direct select with finger.
 - Touch sensitive screen with adjustment options to improve accuracy
 - Ability to support a keyguard (**only choose this if keyguard is necessary**).
 - Color dynamic display

B. Encoding Type

- Language organized in categories, single-meaning icons, access to core vocabulary, keyboard with word prediction, access to prestored phrases as well as individual words/letters for novel utterances.

2. Message Characteristics/Features

A. Type of Symbols (choose one)

- Non-literate and needs color symbols, access to scene-based language, real pictures for easy access to language.
- Possesses limited spelling skills but needs symbols for recognition of stored phrases and combining words.

B. Storage Capacity

- Ability to produce messages of varied length.
- Ability to store a large number of messages for improved speed and access.

C. Vocabulary Expansion and Rate Enhancement

- Vocabulary organized in levels with access to real scenes which reduce cognitive load and provide context. Access to Quickfires, My phrases and common constructions.
- Word prediction since pt. can often spell the first few letters but not complete words.

3. Output Features

- Synthesized speech.
- Voice with intelligible lifelike qualities (gender/age specific); natural sounding.
- Highly salient visual display.
- Auditory and visual feedback when selecting a location on the screen.

B. Description of Equipment Used and/or Considered During the Evaluation

- Include evidence that the individual was present and actively participated in the assessment process. Name the chosen SGD and discuss assessment outcomes that demonstrate the person's ability to use the SGD and recommended accessories. Describe number of buttons used per page, ability to navigate, i.e., from the main page to the topic pages to select a pre-stored message; ability to use core words to put simple phrases together, ability to answer simple questions with Quickfires page, etc. Describe how much prompting was needed, since Medicare and many other funding sources look for independent use of the device. Include examples of what the client said with the SGD if possible, i.e., "I like this", "I'm feeling good", "How are you?"
- For cognitively impaired clients, be sure to include statements that they understood use of the SGD, were able to use the SGD independently or with minimal cues; able to handle more than 2 or 3 buttons per page.
- Discuss other SGD's used and/or considered and why they were not appropriate for this user. It is not necessary to **try** each device: state why it was considered and **WHY** it was ruled out without a trial. It's a good idea to rule out at least 2 other devices, for example:
 - The Indi 7 was ruled out because the screen was too small for this client to make accurate selections.
 - The SC tablet was considered and ruled out because it does not have Gorilla glass over the screen and is therefore not as durable.
 - Digitized speech, recordable devices (E2506) were considered but not trialed because a recordable device does not allow client the breadth of expression/ability to create novel messages she requires to convey information about her daily needs, nor would she be able to convey important medical/safety information to her family or caregivers.
 - Text-to-speech devices in the E2508 category were ruled out as this pt. is not fully literate.

The report MUST state:

Based on the above assessment, it has been determined that the Tobii Dynavox (name of device) SGD is the most appropriate communication device for (Patient Name).

D. SGD and Accessories Recommended

- List the specific SGD **FIRST**, and then accessories. Include **medical justification** as to why this SGD and **specifically the accessories** being requested will enable the individual to achieve functional communication goals, as stated earlier in the report. Include features of the SGD that make it the best choice.
Ex: Features of the I-110 that make it the most appropriate device for (Client) include: ergonomic design which makes it easy to hold and carry, superior audio quality which allows for better communication needs to be met with all communication partners, has a comprehensive language system which will allow for word- or symbol-based communication, features a built-in stand allowing for increased access, comes with a durability case which allows for increased protection of the device, and will work with mounting systems through the included mount plate, offers a 29.6 Lithium Ion Battery with greater than 10

hours of normal run time, offers a charge time of less than 4 hours, 3 years of warranty and Support 360, is superior in durability (gorilla glass screen) and moisture/dust resistance, Screen/display size: 10.1"; weight: 2.4 lbs. so it is small/lightweight.

Example statements for accessories

Mounting System (only include if mount is being recommended) – to position the SGD in the optimal place for effective visual and physical access of the device. (List specific type of mount, i.e., wheelchair mount, floor stand or universal mount. For universal mount, state that it is needed to position the device effectively in multiple positions throughout the home for access to wheelchair, alternative seating such as recliner or sofa, as well as when in bed. (Mount must be needed in the home to be covered by Medicare).

Keyguard – (only include if keyguard is being recommended) to reduce target errors due to fine motor problems.

NOTE: Do NOT list a carry case – it is included with every device.

E. Patient and Family Support of SGD

- Discuss participation of the family/caregiver/advocate and state that they agree to the selected SGD and will support the equipment and its use for daily communication.

F. Physician Involvement Statement

This report was forwarded to the treating physician. The physician was asked to write a prescription for the recommended equipment.

Section 6: Treatment Plan

Address all functional communication goals previously stated for the beneficiary and identify the plan for achieving these goals using the SGD and accessories. Provide specific information to show how device will be supported once received.

- Frequency and duration of SLP treatment - __x/week for __weeks to address the above goals.

Ex. #1: (The SLP is recommending that the client receive Speech and Language Therapy after getting an SGD.)

Upon receipt of SGD, it is recommended that the patient receive 45 minutes of individual therapy and one hour of group therapy weekly for 8 weeks (total 16 sessions) to address the above goals. An additional two hours of training are recommended to train caregivers to program the device.

Ex. #2: (The SLP is recommending that the client receive Speech and Language Therapy after getting an SGD, but the client will not be returning to the evaluating SLP and should be referred for home health or out-pt. therapy.)

This client will not be returning to the evaluating SLP; the family should ask the prescribing physician to order Speech/Language Therapy for the client through home

health or out-pt. resources. It is recommended that this Client receive individual therapy 1 x week for 8 weeks to address goals.

Section 7: SLP Assurance of Financial Independence and Signature

The SLP performing this evaluation is not an employee of and does not have a financial relationship with the supplier of any SGD.

- SLP signature
- Evaluating SLP's name
- ASHA Certification Number
- State License Number