

## **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: CVA
- Date of Onset:
- Speech Diagnosis: Severe Aphasia
- 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 – Aphasia.
- 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:** Patient is a 61-year-old female with a medical diagnosis of CVA. She currently resides at home and uses a wheelchair for mobility in her home. She can comprehend basic conversational speech and expressively she is

unable to communicate due to severe aphasia. She is motivated to communicate but lacks the means of useful communication.

## 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 return of functional speech is POOR.  
**EX:** She has received treatment for her speech and language disorder, and improvement has been realized; however, her verbal productions have not improved sufficiently to meet her daily communication needs. Considering the time post onset (2 years) and the severity of her aphasia, the prognosis for developing adequate speech for daily needs is poor.

## 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 everyday conversation. Patient demonstrated the ability to follow simple directives with minimal repetitions and no cueing to initiate. A device that provides access to vocabulary to meet daily communication and medical needs in a word format will provide tools to bridge the gap between Patient's receptive and expressive language skills.

Pt.'s expressive language abilities are severely impaired due to aphasia. Patient currently communicates using slight verbal and minimal written output. Verbalizations are effortful, and pt. is only able to produce 10-12 recognizable words. Even with familiar communication partners, this pt. experiences difficulty and frustration as it is difficult to judge communicative intent since most utterances are stereotypies; i.e., "Amen" or "Oh, boy". Pt. is unable to generate written language beyond a few simple words.

### 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:** Patient's attention, memory, and nonverbal problem-solving skills are within functional limits. This is demonstrated by her sustained attention, recall of detail, and ability to independently communicate using the SGD. The patient possesses the cognitive/linguistic abilities to effectively use an SGD and required accessories to communicate

### 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 (direct selection, scanning, Headmouse, eye tracking) and the person's access requirements.
- 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.

## 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.

## 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 been receiving speech therapy services for 8 months. Although gains have been made in auditory comprehension, (Name) remains functionally nonverbal.

**EX 2:** Although this client received therapy several years ago following CVA, time post-onset and lack of improvement in verbal out-put indicate further treatment would not be successful.

**Sign language – EX 1:** Sign language is not a viable option for communication due to the physical limitations of (Name) and the inability to use both hands to form signs.

**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 hemiparesis and 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:*

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 with minimal assistance.
- 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 (**CHOOSE ONE**) Must be for current need, not in the future.

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).
2. Scanning (requires use of a switch).
  - Mode: visual or auditory scanning.
  - Type of scan: auto-scan or 2-switch step-scanning, linear, row/column, group/row/column, directed (joystick, trackball).
  - Switch: type (pressure, feedback), position, mount
3. Individual requires access via a headmouse.
  - Need to rule out direct selection via touch as well as scanning with a switch.
4. Individual requires access via Eye Gaze.
  - Need to rule out direct selection via touch, scanning with a switch and headmouse, as client must not be able to use any other access method.

### B. Encoding Type

- Language organized in categories, single-meaning icons, access to core vocabulary, access to a keyboard, 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** – 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.

**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 4 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