

## Augmentative Communication Device Support Summary

Complete and submit this form with documents listed in Oregon Administrative Rule 410-129-0220(3)(c) and a Formal Augmentative/Alternative Communication Evaluation that includes:

- History and background,
- Communication needs: Partners, locations, positions, modes, and topics,
- Communication abilities, including past and present means of communication,
- Language skills across all modalities,
- Communication devices considered, with a detailed explanation of their features and any related software,
- An explanation of why the device is medically necessary to communicate basic needs and medical information, and why the device selected is the lowest level of equipment that meets the medical need,
- Recommendations, and
- Plan of care: Who will provide device training and follow-up care.

### Client information

Client name: \_\_\_\_\_ Request date: \_\_\_\_\_  
Medicaid ID: \_\_\_\_\_ Date of birth: \_\_\_\_\_

### Contact information

Speech pathologist name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Occupational therapist name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Physical therapist name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Physician name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Person submitting this request: \_\_\_\_\_ Phone number: \_\_\_\_\_

### Device information

Item: \_\_\_\_\_ Estimated cost: \_\_\_\_\_  
Manufacturer: \_\_\_\_\_ Duration of need: \_\_\_\_\_  
Distributor/dealer: \_\_\_\_\_

If approved, where should the device be shipped?

Rationale for selecting this specific device:

How you will know that this device will be successful?

What means of communication will this device replace? Describe patient's current means.

List all other devices considered and why they weren't chosen:

## Clinical information

Medical diagnosis: \_\_\_\_\_

Speech-language diagnosis: \_\_\_\_\_

Medical prognosis: \_\_\_\_\_

General medical status: \_\_\_\_\_

Respiratory: \_\_\_\_\_

Head control: \_\_\_\_\_

Hearing: \_\_\_\_\_

Trunk stability: \_\_\_\_\_

Vision: \_\_\_\_\_

Arm movement: \_\_\_\_\_

Ambulation: \_\_\_\_\_

Seating/position for use of device: \_\_\_\_\_

Social/emotional: \_\_\_\_\_

Ability to access device: \_\_\_\_\_

## Communication abilities – *Check all that apply.*

- Attempts to communicate with consistent response:
- Is able to make choices:
- Understands that communication will cause an action to occur:
- Understands that symbols stand for verbal communication:
- Prognosis to develop intelligible speech:
- Prognosis for communication ability:
- Necessary supports to be successful (e.g., caregiver, family, professionals):