

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: Parkinson's Disease
- Date of Onset:
- Speech Diagnosis: Severe Dysarthria, Dysphonia
- 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

Impairment type and severity (Diagnosis/Prognosis)

- Describe impairment (dysarthria and/or dysphonia) and severity; [it MUST be SEVERE in nature]. If dysarthria is not yet severe, consider a descriptive diagnosis: Pt's moderate dysarthria and extremely low volume/intermittent dysphonia result in a severe communication deficit.
- Describe anticipated course of impairment. **EX:** (Name) has severe dysarthria and intermittent dysphonia due to Parkinson's disease; speech intelligibility will continue to deteriorate. (Name) will require use of an SGD throughout the course of this disease.

EX: Patient is a 72 year-old man with a medical diagnosis of Parkinson's disease. He lives with his wife who is retired and serves as his primary caregiver. Patient presents with severe dysarthria characterized by imprecise and rapid rate of

speech. He suffers from severe dysarthria; intermittent dysphonia, low volume and rapid rate of speech further impact speech intelligibility. Patient's communication impairment is degenerative and progressive. His speech is not expected to improve nor is he expected to regain functional speech abilities.

B. Comprehensive Assessment

1. Language Skills: Receptive, Expressive, Pragmatic

- Include in report:
 - reading level – unable to read, reads at the word level, reads short sentences, or functional reading.
 - auditory comprehension - follows everyday conversation, follows (1,2,3)-step commands, laughs at humorous situations.
 - is literate and does not require symbols, or requires pictographic symbols, words, letters, and/or a combination of words and symbols.
 - linguistic capacity to formulate language/messages – is a functional speller, or needs pictures to put words together.
 - level of independence in formulating messages using language.

EX: Pt.'s speech is characterized by imprecise consonants, low volume and rapid rate resulting in less than 50% intelligibility even for familiar listeners. Reduced lip movement further hinders intelligibility. This pt. is literate – reading and spelling skills are within normal limits. Auditory comprehension is functional at the conversational level.

2. Cognitive Skills

- Describe the level of cognitive impairment (generally no impairment) as it relates to the person's need for and ability to use an SGD. Ex: Patient's attention, memory, and nonverbal problem-solving skills are within functional limits. This is demonstrated by his sustained attention, recall of detail, and ability to independently communicate using the SGD. Patient's diagnosis, Parkinson's, is not typically associated with significant cognitive impairments.
- **The report should state:** 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 current needs, not what the client will need as the disease progresses.
- Describe how the person will access the SGD (direct selection, scanning, Headmouse, eye tracking) and the person's access

requirements. **EX:** Pt. is able to use one finger to direct select on a touch screen. He exhibits some tremors when using his hands, so a keyguard would be necessary to prevent target errors. Although this client is able to walk short distance in the home, like from the bed to the bathroom, motor planning problems cause him to need the wheelchair for longer distances, such as from the bedroom to the kitchen or the patio. A wheelchair mount is therefore necessary to position the SGD for effective visual and physical access of the device when client is in the wheelchair.

For eyegaze clients, all other access methods must be ruled out, including use of all extremities for switch use. **EX:** Although this pt. is able to raise his arm slightly, he is unable to isolate a finger or make any correct selections on a touch screen due to severe tremors, making direct selection impossible. At this time, the only feasible method of access to an SGD for this pt. is eye movements. He lacks the motor control in his extremities, neck, and head to successfully perform the repetitive movements to operate a switch. This pt. also lacks the ability to perform the constant up-down-left-right head movements required to run a Headmouse. Intentional movements cause a “freezing” pattern” typical of Parkinson’s, and he is unable to continue.

- 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.
- Describe if accommodations may be required over time to deal with changes in physical access.
- For an eyegaze client, if pt. uses a joystick to drive a wheelchair, give a reason why this won’t work on an SGD. Example: Although pt. is able to operate a power wheelchair with assistance to position hand on to joystick, pt. is unable to consistently perform fine motor movement necessary to use a joystick on an SGD due to fatigue and weakness. [Funding sources other than Medicare will not require this joystick rule-out.]
- **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.

Examples:

Speech Therapy – rule out further traditional speech therapy.

EX: Due to the degenerative nature of this client's disease, further speech therapy is not indicated. He has been through the LSVT program and has not realized improvement in verbal output.

Sign language – **EX 1:** Sign language is not a viable option for communication due to tremors 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.

Writing – **EX 1:** Writing is not a viable communication method due to tremors and micrographia; writing is illegible. **EX 2:** 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**

3 (for eyegaze clients): Writing is not a viable method of communication due to the inability to grasp a pen.

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. They also lack voice output.

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 use keyboard page to create novel messages during conversation.
- 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 spontaneously use greetings and farewells by incorporating Quickfires and My Phrases.
- Will express feelings and opinions to family members and caregivers using topic pages.
- Will demonstrate ability to independently program messages.
- Will use the SGD to independently request/comment/converse with familiar and unfamiliar partners in the everyday environment.

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. (If keyguard will be needed, state that here – a keyguard is needed to reduce target errors from hand tremors).
2. Individual requires access via a headmouse.
 - Need to rule out direct selection via touch as well as scanning with a switch.
3. 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

- Access to a keyboard, word prediction, access to prestored phrases organized by category as well as individual words/letters for novel utterances.

2. Message Characteristics/Features

A. Type of Symbols (choose one)

- Is literate but could use symbols for quick recognition of stored phrases for improved speed of communication.
- Is literate and does not need symbols.

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

- Word prediction.

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 type on a keyboard page, ability to program messages independently, ability to answer questions or participate in a conversation, 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?"
- Discuss other access methods tried and why they are unsuccessful. If a HeadMouse or Eye Gaze is needed, please give very specific reasons why direct select with fingers, switch scanning and headtracking were ruled out as an access method, i.e., client does not possess the motor control in any body part to touch on a screen or activate a switch or a Headmouse. If Headmouse is recommended, just rule out direct select and switches.

- 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 EM12 was considered and ruled out because it lacks durability of an SGD like the I-110.

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 this pt. requires to convey information about daily needs, nor would this pt. be able to convey important medical/safety information to family or caregivers.

Text-to-speech devices in the E2508 category were ruled out as they require memorization of hundreds of letter codes for stored messages, which would be an unnecessary cognitive load.

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 this 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 in Snap + Core First, and as well as Communicator 5, which will allow for multiple options regarding literacy and vocabulary arrangement; 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) - a keyguard is needed to prevent target errors due to hand/arm tremors.

Headmouse or Headtracker – (only include if Headmouse is being recommended) – This is necessary because (Name) does not have the motor control to use direct select or switches but has good head movement for access method.

Eye Gaze Accessory - (only include if Eyegaze is being recommended) – This will allow (Name) to access the (Device) using no body movements other than the pupils of the eyes. (Name) has no well controlled body parts to use other access methods. There are no other options of access other than the Eye Gaze. (He/She) does not have head control to access a Headmouse accurately or use scanning for switch access.

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.

Ex. #3: (The Client is cognitively intact, literate and has the skills to learn to use the SGD without the services of an SLP).

This client has the cognitive and technical skills to use the SGD without the services of an SLP, so further SLP treatment is not recommended, but is available upon request. He has prior computer experience, and his (name the support person) will be available for setting up the eyegaze accessory and providing programming assistance. The client/family has access to written instructions, and online and phone support from the manufacturer. Client's physician has been advised of these goals and is in concurrence with this treatment plan.

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