

AAC Report Structure for Funding of Speech Generating Devices

Request for Speech Generating Device (SGD) Funding: Rett Syndrome

Section 1: Demographic Information

- Name:
- Address:
- Phone Number:
- Date of Birth:
- Medical Diagnosis: Rett Syndrome
- Date of Onset:
- Speech Diagnosis: Apraxia
- Date of Onset:
- Medicare Number:
- Medicaid Number:
- Insurance Policy Number:

- Place of Residence:
- 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

- Indicate Speech/Language diagnosis – Apraxia of Speech, or Expressive Language Disorder. Must be an ICD-10 diagnosis.
- 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 client has 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 girl with a medical diagnosis of Rett Syndrome and has severe apraxia of speech. She is currently unable to communicate verbally or via any other effective non-verbal means. Rett Syndrome is a neurological condition that involves early regression in communication

and motor abilities, followed by a period of stability. It is associated with severe motor planning difficulties and apraxia, which impacts both speech production and motor movements. She began exhibiting early symptoms of language regression between 18-24 months. She no longer has any functional speech for communication and relies on general vocalizations, i.e. laughing and crying, facial expression, and eye gaze to communicate with familiar listeners. Her fine motor skills have also declined, as she now demonstrates limited ability to manipulate objects with the use of her hands or reliably perform any intentional fine-motor tasks.

2. Anticipated Course of Impairment

(Client) has severe apraxia due to Rett Syndrome, and her ability to produce any verbal speech is not expected to improve.

B. Comprehensive Assessment

1. Language Skills: Receptive, Expressive, Pragmatic

- Describe the level of linguistic impairment (no impairment to severe language impairment) as it relates to the person's ability to use a SGD.
- **Consider describing:**
 - 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, understands questions
 - Responds to Name
 - **Expressive Skills**
 - type and level of symbol use by the individual. Does person require pictographic symbols, words, letters, and/or a combination of symbols?
 - linguistic capacity to formulate language/messages – can use pictures to put words together; spelling ability
 - level of independence in formulating messages using language
 - **Pragmatics**
 - Able to take turns with conversational partner
 - Remains on topic

Example: Patient's receptive and expressive language skills were assessed based on informal testing, clinical observations, and parental reports. She demonstrates significant motor and speech apraxia with Rett Syndrome. She is currently unable to produce any functional speech. She previously had a small vocabulary of spoken words but lost that ability due to typical regression associated with this disease. She is able to sequence 2 pictures to produce phrases using an SGD. She demonstrates receptive skills when someone is speaking to her; she responds to her name by looking at the speaker. (Client) is unable to read, write, or spell at this time. She will respond to one-step directions when someone is speaking to her, such as to stand up, sit down, etc. She also understands references to items that are out of sight, understands frequently used words in conversation and can understand basic questions, like 'how are you?' 'what is your name?' 'what do you want for lunch?' She currently communicates expressively through facial expression and eye gaze. Her understanding of language is much greater than her expressive skills within functional activities and situations.

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 a SGD.

- 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 "cognitive capacity cannot be accurately assessed due to her lack of expressive skills. However, we think she reacts at appropriate levels given appropriate interactions with peers and support staff".*
- Other possible statements: attends to conversation, retains task instructions, understands cause and effect.
- **The report should state:** The patient possesses the cognitive/linguistic abilities to effectively use a SGD to communicate and achieve functional communication goals.

Example: The patient presents with mild impairment in cognitive functioning as it relates to using the speech generating device; however, her attention, memory, and problem-solving skills observed during the evaluation appear to be within functional limits. She is able to participate in supported conversation with others using her low-tech communication book, although adult support is required to flip the pages and interpret her attempts to finger point. She is able to retain one step instructions with routine tasks. She is alert and able to attend to a task for 15 minutes without 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.
- Describe how the person will access the SGD (eye gaze) and why other access methods are ruled out, including direct select, switch scanning and Headmouse.
- If ambulatory, document that the person can lift and carry a device of ____pounds, or who is going to transport it if the user cannot.
- If non-ambulatory, and uses wheelchair, state make and model, and who propels the wheelchair

The report should state: "The patient possesses the physical abilities to effectively use an SGD and required accessories to communicate."

Example 1: Client is ambulatory, but has difficulty navigating all environments and needs assistance for balance and stabilization. (Client) is able to touch pictures in her communication book; however, due to lack of fine motor precision, she has not been able to consistently and accurately press buttons on a touch screen device to meet her communication needs. It is hard for her to achieve enough pressure, with precision, to access picture symbols with consistency. She also lacks the motor planning ability to perform repetitive motions with her hands or head to use a switch or headmouse to access an SGD. (Client) demonstrated success with using eye gaze to choose and activate buttons on a SGD. She needs to use eye gaze due to decreased fine motor abilities in her hands, which includes inability to use her hands to select icons on the SDG to meet her daily communication needs. The patient possesses the physical abilities to effectively use an SGD and required accessories to communicate.

Example 2: Client uses a wheelchair. She keeps her hands clasped together at midline and is unable to perform intentional hand movements such as pointing. She also lacks the motor planning ability to perform repetitive motions with her hands or head to use a switch or headmouse to access an SGD. (Client) demonstrated success with using eye gaze to choose and activate buttons on a SGD. She needs to use eye gaze due to decreased fine motor abilities in her hands, which includes inability to use her hands to select icons on the SDG to meet her daily communication needs. The patient possesses the physical abilities to effectively use a 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 a 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 specifics (if related to SGD use/selection) regarding acuity, localization, understanding of natural speech, understanding speech generated by a 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: No issues reported with hearing. 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 areas described:
- Describe communication partners (e.g. parents, siblings, teachers, peers, medical personnel)
- Describe communication environments (e.g home, school, doctor's office)
 - Communication to enable person to get physical needs met (e.g., ability to communicate in emergency situations, directing behavior of caregivers, advocating for herself, communicating with family, friends,).
 - 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,).
 - Communication to enable person to carry out family and community interactions; participating in school activities.

Example: Patient needs to communicate in the following environments: home, community, school. She will need to communicate with her immediate family, extended family, friends, school staff, and medical caregivers.

Daily communication activities include expressing wants and needs, expressing feelings and frustrations, asking questions, telling stories, participating in conversations, and being a part of interactions with other children.

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 - EX: (Name) has been receiving speech therapy services for _ years. Although gains have been made in auditory comprehension, (Name) remains functionally nonverbal. Further traditional speech therapy is not appropriate.

Sign Language– EX 1: Sign language is not a viable option for communication due to this pt.'s physical limitations and the inability to use both hands to form signs.

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

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 inability to spell functionally.

EX 3: Writing is not a viable communication method due to this pt.'s motor issues and the inability to hold a pen or pencil.

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. Picture boards and PECS have been used and not found to be an effective means of communication due to the need for a communication partner to turn pages or position a board and interpret her vague pointing gestures.

Furthermore, these systems have no voice output, nor are they able to create novel messages. Without voice output an individual cannot independently call for help or direct attention to medical needs with someone who is not familiar with the system. Communication is limited to communication partners who understand the symbols.

For these reasons, low tech and no tech options were eliminated from consideration.

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 express feelings and opinions to family members and caregivers using topic pages.
- Will tell or retell a story related to a particular event or context with minimal assistance.
- Will navigate to contextually relevant page to access pre-stored messages.
- Will spontaneously use greetings and farewells by incorporating Quickfires and My phrases.
- Will select from 1 or more messages to prevent communication breakdown

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. Individual requires access to Direct Selection via Eye Gaze

- No other access method is available to her due to inability to perform controlled movements with any body part except her eyes.
- Access to dynamic display screens with adjustable number of selections/buttons on each screen.

B. Encoding Type

- Language organized in categories, 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)

- Color symbols, access to scene-based language, real pictures for easy access to language.
- 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

- Vocabulary organized in levels with access to real scenes which reduce cognitive load and provide context. Access to Quickfires, My phrases and common constructions

3. Output Features

- Voice with intelligible lifelike qualities (gender/age specific); natural-sounding
- Synthesized speech
- Highly salient visual display
- Auditory and visual feedback when pressing 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 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.

- 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 EM12 was ruled out because it lacks the durability of the I-13 and I-16.
 - The I-110 was considered and ruled out because it does not support eyegaze.
 - The PRC Accent series with NuEye was ruled out because it requires her to learn Minspeak, 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: The Tobii Dynavox I-13 is the recommended SGD for various reasons. First, it allows for alternative access method via eye gaze which is necessary due to this client's physical limitations/ lack of motor control. It provides a smaller screen size than the I-16 which would be prohibitive of patient's participation with family and other communication partners. The I-13 has a comprehensive language system of software which includes use of icons, pre-programmed language, as well as message generation via color-coded core vocabulary, and voice output with synthesized speech. The device provides easy navigation and includes core words, quick phrases and topics to allow this client to easily initiate and participate in communication interactions. Messages specific to this client's everyday needs can be created and added to this device for greater personalization. The I-13 features a partner window which allows for clear communication even in a noisy environment where the speaker volume may be drowned out. The I-13 supports Windows Hello which allows the client to use facial recognition to log into the device after a restart providing increased security for the user and allowing greater independence when using the device. The Tobii I-13 and eye gaze accessory will provide a consistent and effective means for this client to express personal and medical needs, participate in ADLs, and maintain social relationships.

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, Desk mount** 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.

The **Eye Gaze Accessory** will allow (Name) to access the (Device) using no body movements other than the pupils of her 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. 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

- **The report should state:**

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.

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