

AAC Report Structure for Funding of Speech Generating Devices

Request for Speech Generating Device (SGD) Funding: TBI/Locked-In Syndrome

Section 1: Demographic Information

- Name:
- Address:
- Phone Number:
- Date of Birth:
- Medical Diagnosis: Traumatic Brain Injury/Locked-In
- Date of Onset:
- Speech Diagnosis: Profound Dysarthria
- 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 –Profound Dysarthria. 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 has a medical diagnosis of Traumatic Brain Injury and has profound dysarthria. He is currently unable to communicate verbally due to the complete inability to move his oral musculature.

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 the return of functional speech is POOR.

EX: Due to time post-onset and severity of the brain injury, his ability to produce any verbal speech is not expected to improve. Prognosis for the return of functional speech is poor.

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 1: Patient's receptive and expressive language skills were assessed based on informal testing and clinical observations. He demonstrates profound dysarthria and is currently unable to produce any functional speech. He demonstrates receptive skills that are within functional limits, as demonstrated by laughing at humorous conversation, following multi-step directions as much as his physical ability will allow, gazing at objects around the room that he wants and vocalizing to indicate his understanding when spoken to. Expressively, he is able to spell as demonstrated by use of a keyboard page on an SGD with eyegaze access. He will benefit from use of a core word vocabulary since he has the ability to put words together.

Example 2: Patient exhibits mild-moderate receptive and expressive language problems as well as profound dysarthria. He understands simple conversation, follows familiar 1-step directions and vocalizes to indicate awareness. He is able to recognize short printed words and using eyegaze access on an SGD, he demonstrated the ability to combine words into phrases using core words. He is not able to spell more than 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 a 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 “cognitive capacity cannot be accurately assessed due to pt.’s lack of expressive skills. However, we think he 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, his attention, memory, and problem-solving skills observed during the evaluation appear to be within functional limits. He responds to his name by looking at the speaker, attends to conversation, and understands cause and effect. He is alert and able to attend to a task for 15 minutes without a break. He remembered the location of words/symbols on an SGD after being shown once. 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 non-ambulatory, and uses wheelchair, state make and model, and who propels the wheelchair. 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 almost total paralysis of hands..

[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."

Example: Client uses a wheelchair. He is a quadriplegic and has no functional movement in any of his extremities. He is unable to use his hands to direct select on a touch screen. He lacks the motor ability to perform repetitive motions with his hands, legs or head to use a switch. Although he has minimal head movement, he lacks the range of head movements necessary to use a headmouse to access an SGD. Pt. demonstrated success with using eye gaze to choose and activate buttons on a SGD. He will need eyegaze as an access method since he is unable to use any other access method to meet his 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 THE HOME, NOT OUT IN THE COMMUNITY:
- Describe communication partners (e.g. spouse/family members, friends, caregivers and medical personnel).
- Describe communication environments (e.g home, doctor's office)
 - Communication to enable person to get basic physical needs met (e.g., personal needs, and social interactions, ability to communicate in emergency situations, directing behavior of caregivers, advocating for himself, 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 participate in activities in the home.

Example: Patient needs to communicate in the following environments: home, medical appointments and community. He will need to communicate with immediate family, extended family, friends and medical caregivers. Daily communication activities include expressing wants and needs, expressing feelings and frustrations, asking questions, directing his care and participating in medical decisions.

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.

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

Examples:

Speech Therapy – Discuss success of speech therapy (to date and future prognosis) without an SGD – should be poor.

EX 1: This client has been receiving speech therapy services for _ months. Although gains have been made in auditory comprehension, he remains functionally nonverbal. Further traditional speech therapy is not appropriate.

EX 2: Due to the severity of the TBI and time post-onset, further traditional speech therapy is not indicated.

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 have been tried and not found to be an effective means of communication due to the pt.'s inability to point or turn pages. 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, advocate for self 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. (Do NOT use this for literate users!)
- Will use keyboard page to create novel messages during conversation. (Use this only for literate users.)
- 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..
- 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 section will explain why certain device features are required. The rationale will relate the person's skills and abilities as described in Section 2. 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 him due to inability to perform controlled movements with any body part except his 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.
- Is literate but could use symbols for quick recognition of stored phrases for improved speed of communication.

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 him 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 for visual and physical access in all seating environments, including wheelchair, alternative seating such as recliner or sofa, as well as in bed.

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

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 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