

**AUGMENTATIVE COMMUNICATION EVALUATION REPORT FOR
ALABAMA MEDICIAD AAC DEVICE**

NAME:	Client X
MEDICAID RECIPIENT ID#	
PATIENT INSURANCE ID #:	
DOB:	
DATE OF EVALUATION:	
PARENT(S)/ Caregivers:	
ADDRESS:	
COUNTY:	List County Client Resides In

MEDICAL DIAGNOSES:

Primary Medical Diagnosis:

Secondary Medical Diagnosis:

1. RELEVANT MEDICAL HISTORY

Medical history relevant to need for ACD:

For example: Vent dependent, unable to use speaking valve for trach; s/p CVA – document pre-CVA functioning and then date of infarct with time in rehab cited

2. SENSORY STATUS

A. Vision (Include acuity & abilities in relation to utilizing an ACD):

Must include specific examples and data that patient has necessary vision to use recommended device. If vision is causing a need for the accessory, please explain.

For Example: Client X was able to see and target small pictures and symbols via eye gaze, in fields of up to 70 icons.

B. Hearing (Include acuity & abilities in relation to utilizing an ACD):

Must demonstrate that patient has the necessary hearing ability to successfully and independently use recommended device without difficulty.

C. Tactile/Sensory Involvement (in relation to utilizing an ACD):

When evaluating Client X with the recommended AAC device, no sensory difficulties were reported that would impact Client's ability to successfully and independently access a dynamic display AAC device. Additionally, Client X experience no sensory difficulties that would impact their ability to utilize the eye gaze accessory (or any other accessory for example keyguard) for functional communication.

3. POSTURAL, MOBILITY, & MOTOR STATUS

A. Motor Status (Including fine and gross motor abilities):

- **Must include especially if I-series is being recommended.**
- **(b) optional positioning of ACD in Relation to recipient. (c) Integration of mobility with ACD.**
- **Ambulation/balance justify need for a case/strap and also the need for a more durable device, such as the I-110, if the client is prone to falls.**
- **Fine motor may justify the need for a keyguard**
- **Can describe specialized seating system here (esp. if requesting a w/c mount)**
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B. Optimal Positioning of ACD in Relation to Client:

Sample Statements:

- **The recommended AAC device needs to be positioned about (12-18) inches from Client X's eyes in order to allow for efficiency and practical access to the eye gaze accessory.**
- **Client X will require a mount to utilize the recommended eye gaze accessory. Client can and has shown success of using device when seated in optimal positioning in supportive seating systems including but not limited to the home, in bed, or in client's existing wheelchair. The**

recommended wheelchair mount will help client achieve optimal positioning and to securely position the recommended AAC device for independent and successful use. Mount positioning needs to be very specific to each end user needs.

- If independently ambulatory (even if able to self-propel a w/c, you can justify that client can hold device with shoulder strap worn across the body
- If behavioral issues are a factor I would justify a desk clamp here (to prevent device from being knocked off of a table)
- or independently ambulatory, you can state use on a flat stable surface, or carried across the body with shoulder strap (it's dependent on what they can do)

C. Integration of Mobility with ACD:

- Include how caregivers/parents/sources/other friends and family will help to transport the recommended AAC
 - o no mount request, can justify durable case
 - o with mount give details on mounting equipment
- Clearly state that the recommended mount will allow Client access to daily communication in all daily environments they frequent.

D. Client's Access Methods (and Options) for ACD's:

List the specific access method being requested along with medical justification as to why the accessories being requested will enable the individual to achieve functional communication goals.

- If switches or keyguards are being requested, you must rule out direct selection
- If headmouse or other IR switches you must rule out direct selection, switches and keyguards.
- If eye gaze you must rule out all least costly access methods above: can document accuracy, fatigue, speed of messaging, etc It should not be implied from previous statements regarding motor status.

4. DEVELOPMENTAL STATUS

A. Information on the Client's Intellectual/Cognitive/Developmental Status:

Client has the cognitive skills and abilities to successfully and independently use the recommended AAC device.

- **May comment on reading ability if known**
- **ability to understand cause/effect and choice making**

B. Determination of Learning Style (i.e., behavior, activity level):

- **How does client learn through auditory and visual stimuli?**
- **Does the client perform best through repetitive activities or are frequent breaks required?**
- **Is the client motivated to learn and respond with the device?**
- **Is the motivated to use the device independently without the aid of caregivers/family?**

5. FAMILY/CAREGIVER AND COMMUNITY SUPPORT SYSTEMS

A. A Detailed Description Identifying Caregivers and Support:

Sample Statements:

Client X's family/caregivers/spouse are eager and motivated to obtain a new communication device for the client and actively participated throughout Client X's evaluation. They were caring and responsive and want to play an active role in helping Client X to improve Client X's communication skills with the recommended AAC device.

Client X's caregivers will be responsible for the installing and troubleshooting of the recommended AAC device, and will aid Client X in transporting the device when appropriate so Client X can continue to use the device in all of their daily environments.

Client X's Speech Language Pathologist would like for Client X to be recommended this new AAC device to improve their receptive and expressive language abilities, and recommends that continued training

takes place through structured activities upon receiving the recommended device.

The company of the device being recommended as well as the solutions consultant of Tobii Dynavox will continue to provide support to Client x and their community upon receiving the recommended device.

6. CURRENT SPEECH, LANGUAGE & EXPRESSIVE COMMUNICATION STATUS

A. Identification and Description of the Client's Expressive or Receptive Communication Impairment Diagnosis:

- Must be described as a severe speech impairment.
- How does Client X respond/ follow commands without the recommended device, and how will the recommended device improve their ability to do so?
- Can Client X use facial expressions to voice responses?
- If speech is present, describe it by % intelligibility with familiar/unfamiliar communication partners when context is known/unknown
- Sign language – is it ASL, SEE, pidgin? If client signs, is it only signs that familiar communicators understand? 1-word signs?
- Has Client X been able to answer simple questions using recommended device or similar software to the software of the recommended device?
- Receptive skills must be greater than expressive skills... Describe expressive skills.

B. Speech Skills AND Prognosis of Developing Functional Expressive Communication:

- Prognosis for improvement must be highly unlikely or described as poor, guarded or absent.

C. Communication Behaviors and Interaction Skills (i.e., styles & patterns):

- Does Client X use eye contact when interacting with others, do they use the recommended device to make choices/ make requests/voice opinions/ answer questions.
- Must demonstrate that Client x has the communicative and interaction skills to successfully use the recommended AAC device.
- Demonstrate communicative intent; follow others in the room with eyes; smiles & makes eye contact; joint attention to motivating tasks

D. Description of Current Communication Strategies (including use of ACD, if applicable):

E. Previous Treatment of Communication Problems:

- How will receiving the recommended AAC device be of greater benefit than previous treatment through speech therapy>
- Describe time in traditional speech therapy without significant improvement in verbal speech and any therapy involving ACD use; include past ACD use (if appropriate) and how functional client was with previous ACD
- Sample statement: The recommended ACD combined with continued therapy services will improve client's receptive languages and continue to improve their communication skills.

7. COMMUNICATION NEEDS INVENTORY

A. Description of Client's Current And Projected Speech/Language Needs:

- Sample Statement: Client X needs to be able to communicate with his caregivers his personal, medical, and social needs in his daily communication environments, and do so independently.
- Make sure to include variety of communication partners, settings with increased function and independence

C. Communication Partners AND Tasks: Including Partners' Communication Abilities and Limitations, if any:

- You can include justification if the client was in a bilingual environment and required a software for both English and Spanish for example (at home and school)

C. Communication Environments and Constraints Which Affect ACD Selection and/or Features:

Sample:

- There needs to be a concentration of communication within the home, school (if appropriate) and doctor's settings. Other

environments are important but medical necessity pertains to client's place of service.

- The device needs to be portable (and mounted to wheelchair/rolling mount) and can be safely transported by (client/caregivers?) via (strap, handle, case, mount)
- The AAC device must be stated to aid in expressing Client's personal and medical needs to their caregivers and Client X is unable to do so without the recommended AAC device

8. SUMMARY OF CLIENT LIMITATIONS

A. Description of the Communication Limitations:

This section is generally a reiteration of previous info: age, speech and medical issues, unable to verbally express daily needs to communication partners, needs ACD (and eyegaze, mount, anything extra) to efficiently and effectively communicate needs

9. ACD ASSESSMENT COMPONENTS

A. Justification For And Use to be Made of Each Component And Accessory Required (MUST MATCH QUOTE):

Must list each part of the quote and why is it medically necessary.
Include eye gaze accessory and mount if an I-series is being recommended.

10. IDENTIFICATION OF THE ACD'S CONSIDERED FOR CLIENT (Must include at least 3)

A. Identification of the Significant Characteristics and Features of the ACD's Considered:

This section rule out other methods: low tech/static display (E2500, E2502, E2504) ; E2508 if client can't spell for primary communication; Justify E2510 if that is the equipment you are requesting.

- If considering high tech for all 3 choices, can take specs for the device from the manufacturer's website (weight, battery life, warranty, etc) and state, 'information obtained from website'

B. Identification of the Cost of the ACD's (including all required components, accessories, peripherals and supplies, as appropriate):

Must specifically list the device and accessories (everything on the quote) that was considered and the exact retail price of that item you must include all accessories/ mounts also that you are requesting.

For example:

Tobii I-13 and Gaze Interaction:	\$14,845.00
Tobii I-110, keyguard, mount	\$10,240.72

C. Identification of Manufacturer(s):

Bios of each company considered.

For example:

Tobii DynaVox manufactures and distributes the I-13 and I-16 AAC devices and accessories. Mounting system recommended is distributed by Tobii DynaVox.

D. Justification Stating Why a Device is the Least Costly, Equally Effective Alternative Form of Treatment for Client (rule out the ones not recommended):

- **If client actually did use any of the ruled out devices, describe what happened to rule out the device:**
 - o **They weren't familiar with the language system**
 - o **Too much navigation resulting in frustration**
- **Even if it's the most expensive device, justify why it is necessary over the rest – for example I-16 chosen over I-13 -there should be fine motor or visual information throughout the report to justify the need for the increased size (& cost) of the device**

Examples:

a. WinSlate by Forbes AAC @ \$ 7,595 – is a large screen device featuring the Grid 3 communication software; Grid 3 is not very user friendly and the patient was unable to locate symbols and quick phrases, thus this device doesn't meet patient's communication needs. This device is also too large for her, and is not the most cost effective option.

b. AllTalk by Lingraphica @ \$7,995 is a large screen laptop device based on icons, pictures and videos, designed for adults suffering from Aphasia and Apraxia. The icon-based language system used on this devices includes adult-appropriate graphic icons. Patient is a child and therefore none of the

Lingraphica devices would work out for him. Additionally, this laptop cannot be mounted to patient's wheelchair and. This device doesn't meet patient's communication needs.

c. NOVAChat 10 by Saltillo Corporation @ \$ 5,395 was considered but ruled out for various reasons. The Nova Chat uses Wordpower for Touch Chat, which utilizes a field of 42 words/symbols. The structure of this device does not allow for functional communication. Client would require maximum cues to navigate to locate and use the vocabulary. To meet the client's medical essential needs, the NOVAChat is not the most cost effective device in the E2510 category. This device doesn't meet patient's communication needs.

d. ProSlate 10 by Forbes AAC @ \$ 6,995 is an iPad encased in a Survivor hard case and an attachable blue tooth speaker; then device comes with a communication application chosen at the time of purchase of device. Besides being more expensive than the recommended I-110, the ProSlate has hardware and sound limitations which make it inappropriate for my patient's communication needs

e. PRiO by PRC @ \$3,995 is an iPad-based communication tool featuring the Unity with LAMP Words for Life language system. Patient had difficulty locating frequently used (CORE) vocabulary within the Unity language framework. Unity seems less intuitive to pick up and it isn't based on the folder-like model seen with other devices and even icon based PECS. Therefore, the Unity vocabulary options are not a good fit for the patient and doesn't meet patient's communication needs.

f. ProxTalked by Logan Tech @ \$2,995 is a modular AAC device, static display allowing only a limited number of pre-recorded messages for communication. When new messages are needed, someone will have to erase and record a new message for the patient. This device will limit patient's vocabulary level and growth, and will not allow for spontaneous, independent communication. Therefore, this device doesn't meet my patient's communication needs.

g. Quicktalker Freestyle by Ablenet @ \$3,495 is also an iPad-based communication tool using AAC apps; ruled out b/c it doesn't meet patient's needs for the following reasons: limited in ease of accessibility, not sturdy/durable like an SGD, speakers not loud enough for noisy environments, free tech support not available, other features available such games are highly distracting. Additionally, the Touch Chat, GoTalk Now, Proloquo2GO and Compass apps for iPad do not provide the most appropriate tools to develop and maximize communication skills; patient needed multiple verbal and gestural prompting using the Word Power page layout for Touch Chat and Compass while the GoTalk Now is very limiting, allowing only up 25 buttons per page and lacking core vocabulary

h. Tobii Dynavox I-12 @ \$7,495 is a dedicated speech device. While software would work for client, this device is too bulky for her to use and is not the most cost effective option. Therefore it has been ruled out.

i. Tobii Dynavox I-110 @ \$ 5,999 is a dedicated speech device manufactured for the primary purpose of providing communication. The I-110 is built to withstand rough, everyday use including rainy weather. This level of durability and advanced software is not needed for this client.

B. Medical Justification of Device Preference:

If Client X is previous device owner, explain need for upgraded device. Client X unable to verbally communicate without recommended device, and this increases possibility of future medical complications to client and caregivers.

- Device upgrade cannot be due to age.
- If it is no longer working, this must be described in detail and a statement of abuse/neglect must be included (either it wasn't d/t abuse/neglect and it's regular use/age; or it was; and then the SLP will have to explain what happened and what steps will be taken to prevent this from happening again
- If it was stolen, need a police report
- If it was lost, will need a lot of documentation (easier to replace if client was in a group home or other care facility and this occurred)
- Change in access needs must be current and not future need

11. TREATMENT PLAN AND FOLLOW-UP

A. Description of Short AND Long Term Therapy Goals:

(i) Short Term Therapy Goals:

(ii) Long Term Therapy Goals:

- Both STG and LTG should be measurable

B. Assessment Criteria to Measure the Client's Progress Toward Achieving Short and Long Term Communication Goals:

Can be measures through progress notes during Client's Speech Therapy sessions.

Progress will be measured on a weekly/bi-weekly/or monthly basis?

C. Expected Outcomes and Descriptions of How Device Will Contribute to These Outcomes:

Client X, upon receiving the recommended AAC device will independently be able to communicate their personal and medical needs to caregivers and family in all environments in which they frequent.

E. Training Plan to Maximize Use of ACD:

Sample:

Upon receipt of the SGD, it is recommended that Client X receives 30 minutes of individual therapy. It is also recommended that Client X receives one hour of group therapy. This treatment plan is recommended for 6 weeks. These sessions will help address the functional communicational goals listed in section 5 of the report. An additional three hours of training are recommended to train X's family with the device. Client X will have his family assist and be responsible for the programming and troubleshooting of the device. It is also recommended that Client X's treatment schedule is reassessed 2 months from the receipt of the device. Client X's schedule will then be continuously reassessed every 3 months going forward.

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12. DOCUMENTATION ON CLIENT'S TRIAL USE OF EQUIPMENT (MUST BE INCLUDED)

A. Amount of Time of Evaluation:

- TRIAL USE OF EQUIPMENT - (a) Amount of Time of Evaluation, Location of Evaluation.

- How long did the evaluation last?
- If the evaluation took place once a week for 4 weeks for 30 minutes a session, that can be documented, as long as the FIAL session time is listed here

B. Location of Evaluation:

- Where did the final eval occur?
 - Home, outpatient therapy, or school (for example)?

C. Analysis of Ability to Use (use very specific details of functional use of ACD **recommended):**

- Here is where they need to reiterate WHAT the client actually did with the recommended device to justify requesting funding for it.

13. RECOMMENDATIONS (DEVICE/MOUNTS/ACCESSORIES)

- Can list the recommended equipment (must match quoted items), requesting considering from funding source(s), recommending therapy for device use, recommending caregivers/therapists/family attend trainings for ACD when available.

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This report was forwarded to the treating physician. The physician was asked to write a prescription for the recommended equipment.

The professionals who performed this evaluation are not employees of and do not have any financial relationship with the supplier of any SGD.

SLP Credentials & Signature

Date