

Florida Medicaid Report Guidelines

Demographics

Patient's Name:

Address:

Phone Number:

DOB:

Age:

SSN:

Patient's Primary Contact Person:

Address:

Relationship:

Medical Diagnosis:

Date of Onset:

Speech-Language Diagnosis:

Date of Evaluation:

Date of Request:

Medicaid Number:

Physician:

School Name:

Phone Number:

Speech-Language Pathologist:

Phone Number:

Occupational Therapist:

Phone Number:

Physical Therapist:

Phone Number:

Background Information

1. Impairment type and severity (Diagnosis)

Indicate type of communication impairment

- Describe impairment severity (*How individual presents*)
- If the user currently has an older device you must state why it is no longer working for him/her. Is it un-repairable? Can it still be repaired however the device has had extensive repairs in the past and more are anticipated thus leaving the user without a voice for a long period of time during repairs. It would be good to document frustrations the user has had while the device has been in for repair. Has the user outgrown the language capabilities? If the device is a 3100 or DV4 series and is now broken please use this statement in this paragraph – "XXXX has previously been using a DynaMyte(Vox) 3100, which was purchased in XXX 200? by XXXXXXXX. This device will no longer hold a charge or turn on. The manufacturer has very limited parts on these devices and most devices cannot be repaired. " **The report must state:** the date the device was received, and who funded it, i.e. DynaMyte 3100, received October 2005, paid by FL Medicaid or Medicare.

This section should explicitly demonstrate how the medical condition results in severe expressive speech impairment.

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.
- Indicate the expected course of impairment for conditions that are stable as well as those that are progressive
- **EXAMPLES:**

- "The patient has severe dysarthria due to cerebral palsy. The condition is stable and speech intelligibility is not expected to improve;"
- "The patient has severe apraxia due to autism."
- "The patient has severe dysarthria due to amyotrophic lateral sclerosis." Currently speech rate is ## (half of normal), indicating an expected precipitous decline in intelligibility. Speech intelligibility will continue to deteriorate. This patient will require use of a SGD throughout the course of this disease."

Medication

Extremely Important – **MUST** be completed. Report cannot be submitted without ALL medications listed.

1. _____
2. _____
3. _____
4. _____

If patient is taking no medications please state: "Patient is not currently taking any medications."

Speech and Language Status

Comprehensive Assessment (Comment on each of the following areas as they pertain to using the device)

Language Skills

- 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
 - competency of ability to develop functional language 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
 - level of independence in formulating messages using language

Receptive Language:

Describe the patients receptive language skills based on current assessment.

Example: Male's receptive language skills appear to be mildly impaired for his age and experience. Based on report and assessment, Male demonstrates comprehension of speech at the conversational level. Male is able to identify pictures with 100% accuracy, identify pictures when given the function of the object with 80% accuracy, and attempted to name each item with a sign and verbal speech. Male followed simple and complex commands easily and without visual cues. During the evaluation, Male was able to follow commands and express his needs using the Dynavox X. Male was able to respond to questions directed to him by either trying to vocalize or using a gesture by pointing to a button on the DynaVox X.

Expressive Language:

Describe the patients receptive language skills based on current assessment.

Example: Male is able to point, use some sign language, and some verbal speech to communicate his wants and needs. Articulation of sounds and speech intelligibility are low. Male demonstrates Apraxic speech characteristics at the one word level. Male does demonstrate frustration when his can't convey

his needs to a listener. While these means of communication allow Male to communicate basic needs to familiar listeners in familiar contexts, they do not allow him to express all of his communicative needs with all of his communication partners.

Oral Motor Status:

Describe the patient's oral motor skills based on current assessment

Example: The oral motor exam revealed an open mouth posture with low tone in the facial muscles. Facial symmetry was noted. Male was able to imitate basic oral motor movements, but had difficulty with coordination for more complex movements needed for intelligible speech.

Pragmatic Language:

Describe the patient's pragmatic skills based on current assessment

Example: Male was able to sustain attention and focus during the evaluation. Although his diagnosis is Autism, he is able to maintain focus, attention, and recall detail at a much higher level than was expected. Male will respond to requests and demonstrated some initiation. Pragmatic language is considered mildly impaired. He demonstrated appropriate greetings and departure behaviors.

Speech-Language Prognosis:

Describe the speech and language prognosis based on the above findings.

Examples: The speech and language difficulties associated with autism are long-term. While Male may demonstrate improvement in these skills, the prognosis for him to become a functional oral communicator is poor.

Reading and Spelling Status

Examples: Male is able to read some basic words. He can spell his name and some other common words as well. When using the keyboard he was able to find the letter effectively and word predication helped Male spell more difficult words. He is able to write some words as well, but it is laborious.

Cognitive Status

1. 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 alertness, attention span, memory, vigilance (how long they will stay on a task) and problem-solving skills as they relate to using an SGD to enhance or develop daily, functional communication skills.
- **The report should state:** The patient possesses the cognitive/linguistic abilities to effectively use a SGD to communicate and achieve functional communication goals.

EXAMPLES:

Child

Mr. Smith's attention, memory and nonverbal problem-solving skills are within functional limits. He sustained attention for a two-hour evaluation, recalled how to turn on and off a SGD (after initial instruction), and independently navigated between two pages on a SGD. He has the attention, memory and problem-solving skills to use an SGD to achieve his functional communication goals."

Physical Status: Include posture and positioning, wheelchair use (if applicable), selection abilities, range and accuracy of movement

- Describe pertinent considerations regarding motor skills, ambulatory status, positioning and seating.
- Describe the patient's range of motion and accuracy of movement.
- Describe how the person will access the SGD (direct selection, scanning) and the person's access requirements.
- Describe if accommodations may be required over time to deal with changes in physical access.
- **The report should state:** "The patient possesses the physical abilities to effectively use a SGD and required accessories to communicate."

Male is ambulatory. Gross motor skills are adequate. Fine motor skills are adequate for accessing the DynaVox V with 40 buttons on the screen. He is able to isolate his index finger for direct selection.

Vision Status

- Describe the communicator's vision relative to using a 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, lighting needs, angle of view, size of symbols, contrast (color, detail), and spacing.
- **The report should state:** "The patient possesses the visual abilities to effectively use a SGD to communicate functionally."

Hearing Status

- Describe the communicator's hearing relative to communicating with a 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 a SGD.
- **The report should state:** "The patient possesses the hearing abilities to effectively use a SGD to communicate functionally."

Functional Communication Needs

This section should list the person's daily functional communication needs in areas described. Modify this section for the needs of a child or adult:

- Communication to enable the person to get physical needs met (e.g., ability to communicate in emergency situations, directing behavior of family and/or caregivers, advocating for him/herself, communicating with family, friends, school personnel, clergy and/or using the telephone)
- Communication to enable the 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).

Ability to Meet Functional Communication Needs

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.

- Discuss success of speech therapy (to date and future prognosis) without a SGD
- Discuss the individual's ability to use low-tech strategies and natural modes of communication to meet daily functional communication needs.
- Discuss why a SGD is required in addition to, or instead of low-tech strategies, sign language, writing and natural speech.

- Show explicitly that other forms of treatment have been considered and ruled out.
- Mention issues related to communicating with primary partners and caregivers in specific contexts.
- See the following example of ruling out low tech communication options:

The report should state: "The patient's daily functional communication needs cannot be met using natural communication methods or low-tech/no-tech AAC techniques. Sign language is not a viable option for communication due to the physical limitations of the patient and the inability of most communication partners to understand this method of communication. Writing is not a viable communication method due to physical limitations of the patient and effectiveness due to lack of speech output. Communication symbols, communication boards and PECS 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. The focus inevitably shifts to managing the communication system at the cost of the individual independently communicating preferences, wants and medical needs. Furthermore, these systems have no voice output. 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, and even then, the communication partner is left to determine the intent behind an individual touching a particular picture symbol. For these reasons, low tech and no tech options were eliminated from consideration."

Progression to Need for Speech Generating Device (SGD)

Describe all communication methods used PRIOR to SGD consideration and WHY they were not effective, leading you to consider an SGD.

Examples: vocalization, gestures, sign language, picture symbols, PECS book, writing, low tech communication devices (Big Mack, Step by Step, Cheap Talk, etc.)

Example: Picture symbols (e.g., Picture Communication Symbols or PCS, DynaSyms, Minspeak Icons) allow individuals to communicate regarding a large number of topics. Given the number of communicative needs Male demonstrates, he would require access to a large number of symbols.

For Male, it is important that button, font, and page color; font and button size; and the number and arrangement of buttons can be easily modified. All of these features allow a communication device to be customized for each individual. This is important to allow Male to communicate his needs without assistance.

Trial Period

You must document the trial period for this device.

(Divide this section into two parts A) Trial Period Goals and B) Future Communication Goals)

A) Trial Period Goals

- Document what length of trial period has taken place and with what device, what the goals were during that trial period and how the user met those goals. **Make sure the goals are attainable and relate to communication and medical issues.**
- If using an alternate access method for selection (such as the HeadMouse or EyeMax) list the goals that were set and exactly how they were accomplished.**

- c. This statement **MUST** be included **"Using my clinical expertise, I insert SLP name have determined that the XYZ device is the most appropriate communication device for John Doe. John has had an adequate trial with the XYZ device or similar device, therefore I am requesting a direct purchase of this device for John."**

Trials with Various SGD's

***** Must rule out all device codes/categories as well as comparable device*****

***** Trial Period is NOT REQUIRED; however SLP must state that the comparable devices "were considered and rule out for the following reasons."**

The following devices were considered in this evaluation.

E2506: dynamic static display devices with recorded speech only. Devices that fall into this category include the M3. The M3 is a digitized, dynamic display device. It requires recorded speech to function. A communicative partner must record all phrases into the device for communication to occur. This can be very limiting and prohibitive to the generation of novel utterances. Because the M3 can only produce recorded words and phrases, it has no text-to-speech capabilities; therefore, using a keyboard is not possible. For these reasons, the M3 was eliminated from consideration.

E2508: text to speech only (typing devices). An example of this type of device is the Dynawrite. A typing device will allow an individual to type a message into a device and press a button which speaks. This device was quickly eliminated from consideration as typing is not an efficient mode of communication for this individual.

General Features of the Recommended SGD

This section will explain why certain device features are required. The rationale will relate the person's skills and abilities as described in the Physical Status section.

The report should state: "This individual requires a speech generating device with (list specific features) to meet the person's functional communication goals."

Input Features/Selection Technique

A. Individual requires access to Direct Selection

- Keyboard with access to dynamic display screens with adjustable number of selections/buttons on each screen.
- Touch sensitive screen with adjustment options to improve accuracy

B. Individual requires access to Direct Selection via HeadMouse or EyeMax

- Optical pointer, head mouse, eye gaze, other (if needed)

C. Scanning (if needed)

- Display: number of keys, dynamic/static
- Mode: visual or auditory scanning
- Type of scan: linear, row/column, group/row/column, directed (joystick, trackball), adjustable speed
- Switch: type (pressure, feedback), position, mount

C. Encoding Type

Message Characteristics/Features

A. Type of Symbols

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

B. Storage Capacity

- Ability to produce messages of varied length
- Ability to store a large number of messages for improved speed and access .
- Other (specify)

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
- Word prediction
- Other (specify)

Output Features

- Voice with intelligible lifelike voices
- Highly salient visual display
- Auditory and visual feedback when pressing a location on the screen.

Other Features (NOTE: These relate to AAC accessories)

- Portability to be used in various environments throughout the day
- Size and weight, transport/mount, case/carrier requirements
- Battery time required

Description of Equipment Used and/or Considered During the Evaluation

- Include evidence that the individual was present and actively participated in the assessment process. Discuss assessment outcomes that demonstrate the person's ability to use the SGD and recommended accessories.
- Discuss other access methods tried and why they are unsuccessful. Please remember to be very explicit in your reasons that other access methods failed. If a HeadMouse or EyeMax is needed, please be very specific in reasons for ruling out scanning.
- If a Connect It mount is needed, please justify why the mount is needed.
- Discuss other SGD's used and/or considered and why they were not appropriate for this user. You do not have to try each device considered with the user if it can be ruled out without a trial. *(see the following example)*

SGD and Accessories Recommended

List Device, all Accessories, and Mounting System Components, if required

- List the specific SGD and accessories and 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.
- For example – The (insert device name, also include the selection method accessory is asking for one) is medically necessary because it will correct XXX's inability to speak and aid XXX in preventing other health and safety issues from arising by allowing XXX to express him/her self. Through the use of the icons and pre-programmed language, XXX should be able to recapture many of his/her expressive language skills and prevent any additional loss of his/her receptive skills. For instance, if XXX has a dental appointment he/she can program her device to explain to

the dentist what tooth is bothering him/her, for how long and at what intensity. This device is also flexible enough to provide XXX with spontaneous speech through the use of an alphabet keyboard so he/she can address her immediate needs. Because XXX is spastic she has very little residual use in her arms. Therefore, as a primary consideration for selecting the device which will best meet XXX's needs; additional consideration must be given to the over-all accessibility of the key board. The XXX was selected because its key board uses larger common language icons for needs such as toileting and feeding and larger alphabet keys for spontaneous speech. These larger icons and keys will assist XXX in effectively communication by allowing him/her to touch any part of the key or icon for selection while providing sufficient space between the keys or icons to minimize mistakes in selection.

The report MUST state, "The individual's ability to achieve his/her functional communication goals requires the acquisition and use of the (name the device) and (name the specific accessories). This SGD represents the clinically most appropriate device for (name of client)."

"Using my clinical expertise, I have determined that the XYZ device is the most appropriate communication device for John Doe. John has had an adequate trial with the XYZ device or similar device, therefore I am requesting a purchase of this device for John."

The following accessories are also being requested to meet John's medical needs:

See Examples Below:

E2510 Maestro

John Doe's ability to achieve his/her functional communication goals requires the acquisition and use of the DynaVox Maestro. As Stated above, John does not use oral language to communicate. John's use of sign language is limited to 1-2 word utterances which typically are repetitions of language presented to him/her by his/her communicative partner. John demonstrated immediate and sustained language/communication growth throughout his/her trial using the DynaVox Maestro V. He/She produced utterances of increased length and syntactical complexity, answered simple questions, and participated in academic activities with increased success.

John is fully ambulatory, and communicates within and between multiple environments. Therefore, a carrying case is warranted to provide him/her with easy access to the device. The case and shoulder strap will and reduce the risk of him/her dropping the device causing damage and expensive repair.

Using my clinical expertise, I have determined that the DynaVox Maestro is the most appropriate communication device for John. John has had an adequate trial with the DynaVox Maestro; therefore I am requesting a direct purchase of this device for John.

Example statements for other accessories

Wheelchair Information for Mounting System

Make:

Model:

Serial Number:

Date of Last Seating:

E2512 Wheelchair Mounting System – to position the SGD in the optimal place for effective visual and physical access of the device. Please be explicit with reasons as to why you are recommending the wheel

chair mount. **Please use this statement if recommending anything but a Daessy Rigid Mount** – “I have investigated all mounts available and am recommending the Connect It mount because it is the least costly wheelchair mount that meets (insert name) the positioning needs that I have indicated in this report.”

Switch Mount – this mount is necessary to position the switch in the proper place for optimal use.

E2599 User Accessible Carry Case – for protection of the device while be used throughout the day and during transport

E2599 Keyguard – this plastic piece with holes cut in it to coordinate with the communication squares on the SGD, will provide support and guidance for direct access of the desired square and will help alleviate “miss hits”.

Headmouse or Tracker Pro – this is an alternate access device where the user will move their head to control a pointer on the screen. This pointer will activate the desired square when the user dwells on it.

EyeGaze Technology

- If eye gaze technology is recommended (EYEMAX) Sample Rationale:
 - The EyeMax will allow [Client] to access the VMax using no body movements other than the pupils of her eyes. [Client] has no well controlled body parts to use other access methods. There are no other options of access other than the EyeMax. She does not have head control to access a headmouse accurately or use scanning for switch access.

Goals for Implementation/Treatment Plan

Future Communication Goals (when individual receives device)

Document 2-3 goals that correspond to specific daily functional communication and medical needs in each of the following areas Linguistic, Operational, Social and Strategic competencies, and illustrate how the patient will benefit from the acquisition of and training on the SGD. If you are unsure of long range goals refer to the goals from the AAC Goal Grid.

Examples:

Linguistic-

- a. Will combine two or more symbols to indicate medical status, needs or emotional state.
- b. Will tell or retell a story related to a particular event or context with minimal assistance.

Operational-

- a. Will turn device on in preparation for communication
- b. Will navigate to page contextually relevant page to access communication

Social –

- a. Will use humor during social interaction
- b. Will spontaneously use greetings and farewells with by incorporating quickfires and my phrases.

Strategic –

- a. Will select from 1 or more messages to prevent communication breakdown
- b. After signaling a misunderstanding, will utilize 2 or more strategies to repair misunderstanding.

Intervention Schedule

Address all functional communication goals previously stated for the beneficiary and identify the plan for achieving these goals using the SGD and accessories.

- Frequency of SLP treatment
- Type of Treatment (individual vs. group)
- Projected Frequency of Reassessment
- Follow-up Requirements for SGD and Accessories
 - Individual(s) responsible for programming
 - Individual(s) responsible for troubleshooting

Patient/Family/School Support of SGD

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.

Physician Involvement Statement

This report was forwarded to the treating physician

Name _____

Address _____

City, State, Zip _____

Telephone # _____

License # _____

MediPass # _____

on _____(date), so that he/she can write a prescription for the recommended SGD and accessories.

SLP Assurance of Financial Independence and Signature

- **The report should state:** "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 & contact information (agency, address & telephone number)
- ASHA Certification Number
- State License Number
- Please include a copy of current professional license or Department of Education certification

This report has been drafted pursuant to the ethical guidelines of the American Speech and Hearing Association. As per the Communication Bill of Rights, "all persons with severe disabilities have the right to communicate to affect those conditions that impact their life." (*Established by the Joint Committee for the Communication Needs of Persons with Severe Disabilities.*)

Individual Action Plan or Plan of Care

- This section must include documentation from the Interdisciplinary Team and must include a plan of care for utilization of the device after is obtained. The statement must include who will complete the initial training, what members will be fully trained on the device, how it will be utilized and used by the client with support from the team.
- For Client over 21 and not attending school, the SLP performing the evaluation must complete this plan of care.

Recommendation for Detail to Plan of Care

- Explanation of any AAC Device currently being used or owned by recipient at home, work, or school
- Current use of the system and its limitations
- Appropriate long and short term therapy objectives
- Recommended AAC device (based on cost-effectiveness and the recipient's needs)
- Recommended length of trial period, if applicable
- Established plan for mounting, if necessary, repairing, and maintaining the AAC device
- Who is responsible to deliver and program the AAC device to operate at a level recommended by the ID team
- Who will train the support staff, recipient, and primary caregiver in the proper use and programming of the AAC device
- Documentation of Medical Necessity

Interdisciplinary Team Sign-Off

_____ Date: _____
School SLP, if not listed above

_____ Date: _____
Physical Therapist

_____ Date: _____
Occupational Therapist

_____ Date: _____
Case Manager, if applicable

_____ Date: _____
Other persons involved in Client's Treatment Team

School Concurrence Completed