

Iowa Department of Human Services
AUGMENTATIVE COMMUNICATION SYSTEM SELECTION

Recipient Name:	Medicaid Number:	Date of Birth:
Address:	City:	State

Section A: To be completed by physician. Use additional sheets as needed.

Medical Diagnosis and History:

- *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: "(Name) has severe dysarthria due to cerebral palsy.*

Medical Prognosis:

This section should demonstrate the current status and the expected course of the speech impairment as it relates to the underlying disease/condition.

- *This condition is stable and speech intelligibility is not expected to improve;" or "(Name) 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. (Name) will require use of a SGD throughout the course of this disease."*

Physician Signature	Name:
Address	Phone

Section B: To be completed by speech or language pathologist. Use additional sheets as needed. Please describe current functional abilities in terms of:

Communication Skills:

- *Impairment type and severity (diagnosis)*
- *Indicate type of communication impairment*
- *Describe impairment severity (how individual presents. When appropriate, use tools like Staging scales for speech intelligibility: Severe dysarthria due to Amyotrophic Lateral Sclerosis*
 - Stage 1: no detectable speech disorder*
 - Stage 2: Obvious speech disorder, intelligible*
 - Stage 3: Reduction in speech intelligibility*
 - Stage 4: Natural speech supplemented by SGD*
 - Stage 5: No useful speech (SGD only)*
- *If they have had a device in the past, be sure to talk about what that device 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 to figure out why they are getting a new device.*
- *This section should explicitly demonstrate how the medical condition results in severe expressive speech impairment.*

Motor Status:

- *Describe pertinent considerations regarding motor skills, ambulatory status, positioning and seating*
- *Describe how the person will access the SGD (direct selection, scanning, hemouse, eye tracking) and the person's access requirements*
- *If ambulatory, document that the person can lift and carry a device of ____ weight, or who is going to transport it if the user cannot.*
- *Describe if accommodations may be required over time to deal with changes in physical access*
- *The report should state, "The patient possesses the physical abilities to effectively use an SGD to communicate functionally.*

Sensory Status:

Vision Status:

- *Describe the communicator's vision relative to using an SGD (along a continuum from normal vision to blindness)*
- *Include the following elements if/when pertinent to SGD use/selection: acuity, visual tracking, visual field, size of symbols, size of font, number of words or symbols and spacing*
- *If there are no special visual needs, you may simply state that vision is corrected with glasses, for example.*
- *The report should state: "The patient possesses the visual abilities to effectively use an SGD to communicate functionally*

Hearing Status

- *Describe the communicator's hearing relative to communicating with an SGD (along a continuum from normal hearing to deafness)*
- *Include communication partner's status, if relevant*
- *Include specifics (if related to SGD use/selection) regarding acuity, localization, understanding of natural speech, understanding of speech generated by an SGD*

- *If a hearing impairment is present, describe how the SGD needs to provide visual text for the pt. to preview.*
- *The report should state: "The patient possesses the hearing abilities to effectively use an SGD to communicate functionally."*

Cognitive Status:

- *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 an 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 accurately assessed due to his/her lack of expressive skills. However, we think he/she reacts at appropriate levels given appropriate interactions with peers and support staff"*
- *Other possible statements: attends to conversation, retains task instructions*
- *The report should state: The patient possesses the cognitive/linguistic abilities to effectively use an SGD to communicate and achieve functional communication goals.*

Social/Emotional Status:

Language Status:

- *Describe the level of linguistic impairment (no impairment to severe language impairment) as it relates to the person's ability to use an 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*
 - *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*
 -

Information is also needed on the following:

Educational ability and needs: *Indicate if they do or do not attend school*

Vocational potential: *Indicate if they do or do not work*

Anticipated Duration of Need:

- *(Typically this is ongoing, lifetime, or for the foreseeable future)*

Prognosis regarding oral communication skills

<CLIENT> medical diagnosis is stable and chronic in nature. No improvement in speech is anticipated.

It is recommended that <CLIENT> trial an <name of device> for a 30 day period per Iowa Medicaid.

SLP Signature	Name:
Address	Phone:

Section C: To be completed by consultant or fiscal agent

Communication System: Approved Type _____

Denied Reason _____

Signature _____