

**MEDICARE FUNDING REQUEST FOR
SPEECH-GENERATING DEVICE (SGD)**

I. DEMOGRAPHIC INFORMATION

Name: XXX XXXX Social Security No. xxx-xx-xxxx
Birthdate: xx-xx-xx Medicare No. xxx xx xxxx xx
Address: xxxx
Phone No.: xxx-xxx-xxxx

Primary Contact Person: x. xxxx, House Manager
Address and Phone No.: Same as above

Medical Diagnosis & ICD#9 Codes: Cerebral palsy - 343.9, mental
retardation - 319

Date of Onset: birth

Physician: xxx x. Xxxx, M.D., xxxxxx xxxx,
xxxx, OH xxxxxx, (xxx) xxx-xxxx

Speech-Language Pathologist: xxxx xxxx, xxx-xxx-xxxx

Dates of Evaluation: xx-xx-xx - xx-xx-xx Date of Request: xx-xx-xx

II. CURRENT COMMUNICATION IMPAIRMENT

a. Impairment Type and Severity (ICD-9 Diagnostic Code: 784.5)

Secondary to Cerebral Palsy, Mr. Xxxx presents with a severe expressive speech disability and has no functional speaking skills. He has severe dysarthria of speech. He is able to cough on command but cannot voluntarily produce vocalizations. He is unable to coordinate the muscle movements required for intelligible speech. His other modes of communication include slight head gestures for "yes" and "no." He reaches for desired objects. Mr. Xxxx is unable to use manual sign language and fingerspelling due to deficits in fine motor coordination, but he can slowly print some words. As will be described later in this report, Mr. Xxxx's speaking needs cannot be met using natural communication methods or low-technology speaking aids.

b. Anticipated Course of Impairment - Mr. Xxxx has no useful speech and it is anticipated he will remain at this level due to the nature of his disability.

c. Language Skills - A speech and language assessment revealed these receptive and expressive language skills. Mr. Xxxx attempts to follow routine directions; however, his responses are slow and labored. The SGD assessment revealed his ability to understand questions and provide information, in fact, his response time shortened during the SGD assessment. Expressively, he demonstrated few interactive skills until he had access to an SGD. Reportedly, while being a reticent speaker, he used simple telegraphic phrases when he was younger. However, he is not using verbal language skills at this time. During the assessment, Mr. Xxxx demonstrated his competency to use language skills to control his environment.

Mr. Xxxx recognizes line drawings, including Picture Communication Symbols. He demonstrates some reading skills and, with the help of word prediction software in the SGD, has also demonstrated his ability to spelling words. Until he had the opportunity to use an SGD, he

could not produce an intelligible "yes" or "no" signal, provide information about his preferences or direct others to do something for him. His communication partners are required to provide visual choices or assume he agrees, in the absence of any behavior that indicates refusal. They spend much time in trying to repair communication breakdowns due to his lack of communication skills.

d. Cognitive Ability - Mr. Xxxx's attention, memory and non-verbal problem-solving skills are within normal limits. He has adequate cognitive skills to appreciate the value of communication as demonstrated by his ability to improve his expressive language skills during the SGD assessment and also to learn to use assistive technology. During the assessment his interactions were purposeful and appropriate. He demonstrated the ability to attend to assessment tasks for 90 minutes. He demonstrated problem-solving skills of self-correcting when he activated the incorrect message on trial SGDs. Additional information related to cognitive skills demonstrated through the use of an SGD can be found under Section V - Cognitive and Physical Abilities to Use the Device.

e. Vision Status - Mr. Xxxx recognized 1/2" symbols and font 16 displayed on the various SGDs during the assessment. He recognized black/white symbols with the same ease as colored ones. Optimum number of choices was 20 per page. Mr. Xxxx adjusted his view of the display to accommodate reflections from lights. His vision is adequate to use an SGD.

f. Hearing Status - Mr. Xxxx follows familiar directions and responds appropriately to messages spoken at conversational levels of volume. During the SGD assessment, Mr. Xxxx demonstrated the ability to understand synthesized and digitized speech by self-correcting unintended messages. His hearing is sufficient to use an SGD to meet his daily communication needs.

III. DAILY COMMUNICATION NEEDS

a. Specific Daily Functional Communication Needs - Mr. Xxxx has access to a range of communication partners. He lives in a group home where all other residents and staff have verbal communication skills, with the exception of one person. He attends a senior citizen center in the community with access to a variety of individuals. He has opportunities to interact with people in the community. He needs to communicate privately and effectively with medical personnel and the clergy.

Mr. Xxxx requires an intelligible method of expressing the full range of pragmatic intents in either one-to-one or group situations. He needs to be able to communicate emergency situations, provide direction to care providers who are unfamiliar with him, and communicate using the telephone. He needs to be able to pray, sing, contribute comments, state opinions and participate in decision-making to the best of his ability. He had been unable to ask questions prior to his SGD trial. He has been depending upon others to ask the right questions, putting him in a reactive, rather than proactive position.

The SGD assessment revealed that Mr. Xxxx is successful when whole messages are programmed in a device, but he is also able to spell on a keyboard some words that have not been programmed. During the SGD assessment, Mr. Xxxx demonstrated a sense of humor through unique use

of messages and in spelling a staff's name. He could not have done this without an SGD. We would never have known that he prefers to call a staff person by his formal name without this opportunity to use a keyboard.

b. Limitations of current communication behaviors - Mr. Xxxx is essentially non-vocal. He is unable to communicate information related to his medical status and requires a familiar person to accompany him on his appointments. He is unable to have a private conversation with clergy and use the telephone without an "interpreter." Further, because he is occasionally around unfamiliar people, he is at risk because of his inability to efficiently and effectively communicate health and safety concerns. Mr. Xxxx is unable to communicate basic needs and wants, transfer information, achieve social closeness, or demonstrate social etiquette with his present communication behaviors.

c. Ability to fulfill the above needs using low-tech strategies, natural speech and non-SGD treatment approaches - Traditional speech therapy has been unsuccessful in treating Mr. Xxxx's communication disability. In addition, a symbol book using Picture Communication Symbols (PCS) has provided little help in enabling Mr. Xxxx to express the variety of messages he needs. While he may be able to discriminate the different symbols when requested, little functional use was demonstrated until those symbols were used in the SGD assessment. Perhaps his ability to hear the feedback from the SGD increased his successful communication. Using the symbol book with peers requires him to be dependent upon another person. He is unable to use unaided modes, such as sign language, due to his lack of fine motor coordination.

Due to Mr. Xxxx's medical diagnosis, his speaking needs cannot be met using natural communication methods or low-technology speaking aids.

IV. FUNCTIONAL COMMUNICATION GOALS

Short and Long Term Communication Goals - to incorporate the use of an SGD into his modes of communication in all settings. Specifically, upon receipt of his customized SGD, Mr. Xxxx will exhibit a benefit of the device by:

- demonstrating operation competency on message pages within one month.
- demonstrating operation competency on the keyboard page within two months.
- communicating his medical status, needs and feelings, maintaining social interactions, and gain/give/clarifying information within two months.
- initiating interactions to gain attention, comment or entertain at least once daily within three months.
- participating in informed decision making when the need arises
- communicating to a range of people in all settings a variety of information by the end of six months.

V. COGNITIVE AND PHYSICAL ABILITIES TO USE THE DEVICE

a. Cognitive - The SGD assessment revealed that Mr. Xxxx has greater expressive skills than were previously demonstrated. His cognitive skills necessary to effectively use an SGD include:

- demonstrating the ability to read and spell words
- recognizing pictures and abstract drawings related to messages
- understanding concrete questions and providing answers
- requesting information of others
- ability to use a menu-driven communication system based upon categories, independently navigating between ten pages
- ability to demonstrate he can provide more information using an SGD than he previously was unable to provide using speech alone
- using the SGD to initiate and maintain interactions
- understanding that if he doesn't see what he wants to say on the present page, that he needs to go to another page, perhaps going back to the menu to get there
- ability to understand questions, including those answered with "yes" and "no,"
- ability to control another's actions through verbal communication.
- attempting to tease/entertain others verbally

Mr. Xxxx has adequate cognitive skills to appreciate the value of communication as demonstrated by his ability to improve his expressive language skills during the SGD assessment and also to learn to use assistive technology. Usually a somber person, his demeanor changed when he had access to an SGD. Each time he "spoke" with the SGD, he smiled broadly and sometimes chuckled. Mr. Xxxx took the opportunity to tease a staff. When asked to spell a staff's name, he attempted to spell his formal name, rather than his "nick name" He demonstrates the ability to use the SGD selected as well as the required accessories to communicate functionally.

b. Physical - Mr. Xxxx's primary means of mobility is at the manual wheelchair level with self-propulsion by upper extremities. He is able to negotiate doorways and close passages. He sets and releases his breaks independently. He requires moderate to maximum assistance for transfers. He is right hand dominant and is able to isolate his index finger for pointing and accessing trial communication devices. Mr. Xxxx feeds himself. He has a tendency to keep his head lowered but will sit upright when prompted.

Integration of Mobility and Positioning with the SGD - Mr. Xxxx's Speech Generating Device needs to be mounted to the right side of his manual wheelchair in such a way to allow him to continue to set/release his break and propel his chair. He needs a folding mounting system for ease of transfers. He needs a second mounting clamp on the back of his wheelchair to store the mounting pole during transportation. A carrying case will protect his SGD during transportation.

VI. RATIONALE FOR DEVICE SELECTION

a. General features of recommended SGD as they correspond to Mr. Xxxx's needs and abilities - Mr. Xxxx requires an SGD to meet his functional communication goals with these features:

1. Selection technique - direct selection (right forefinger), dynamic screen, pop-ups, page links, keyboard - Mr. Xxxx needs a system that will allow him to access messages quickly. His system needs to include a dynamic screen that will eliminate the need for overlays for levels,

which he cannot handle, as his environments and needs change. A dynamic display will allow him to access levels through menu-driven programming. The screen needs to have adjustable sensitivity to customize it to suit Mr. Xxxx's needs.

2. Type of symbols to represent language - Mr. Xxxx was successful in using single word labels to locate target messages. Complete messages need to be preprogrammed but he has the ability to generate slightly different messages by combining the messages.

3. Keyboard - text-to-speech capabilities is necessary to allow Mr. Xxxx to spell unique messages not prestored in the SGD. Word prediction capability is required to compensate for weaknesses in spelling.

4. Message storage capacity - He needs adequate memory capacity to support his current and future use in all communication environments.

5. Vocabulary Selection and Rate Enhancement Techniques - Mr. Xxxx needs to be able to access a variety of preprogrammed messages to choose the one that best fits his need. He needs to be able to do this through page links and pop-ups. Mr. Xxxx needs a system that can be updated easily as the need arises. SGD memory capacity needs to accommodate current and future vocabulary growth. Vocabulary needs to be organized in a menu-driven system by categories.

6. Voice Output Parameters - Synthesized speech with gender and voice choices, to provide consistent voice output and ease of multiple caregivers customizing it.

7. Visual display - Backgrounds in color will help him to distinguish message squares from SGD link areas. Symbols need to be 3/4"-1" in size with up to 20 symbols/messages per page.

8. Portability - Mr. Xxxx can touch 1" areas accurately. He needs a device that is large enough to accommodate an adequate number of message areas but light enough for him to handle.

9. Memory transfer capability - the memory of the SGD needs to be downloaded to computer or memory card to eliminate reprogramming, saving caregiver time and shorten the time that Mr. Xxxx is without his device, should a malfunction occur.

10. Caregiver training - the device needs to be easily programmable, easy for the non-technician to learn with access to technical personnel, should the need arise, to troubleshoot SGD problems.

11. Mounting abilities - the SGD needs to be capable of being mounted to Mr. Xxxx's present wheelchair and light enough for mounting to a walker in the future.

b. Recommended Medicare Device Category and Accessory Codes

Mr. Xxxx's ability to meet his daily communication needs will benefit from acquisition and the use of the SGD Category **E2510**, equipment that will enable the device to be mounted from SGD code **E2512**, and a carrying case to protect the SGD during transitions from SGD accessory code **E2599**.

c. Trials with SGDS

Initially, Mr. Xxxx participated in trials with these SGDS in Category E2504: Xxxx, DigiVox, Xxxx and DynaMo. He was able to recognize all symbol forms. He had difficulty changing overlays to go from one level to another on the DigiVox and Xxxx. The DynaMo is too small to display the number of messages he requires per page. None of the other devices considered have text-to-speech option.

He also participated in trials with these three SGDS in Category E2510 that have similar features described above: DynaVox MT4, DynaVox DV4 and Xxxx. When he demonstrated his ability to use a keyboard to spell some words, concentration was placed on synthesized speech output.

1. Xxxx - Mr. Xxxx had difficulty accessing messages using symbol sequences. Keyboard access was adequate.
2. DynaVox DV4 - he successfully used this device to answer questions, give directions, share information and request some needs. He demonstrated the ability to use a spelling page with word prediction. Glare from lights was a problem even with the glare shield.
3. DynaVox MT4- Mr. Xxxx was able to accomplish all that he did with the larger DynaVox, but was more comfortable with the smaller design of the device and glare did not seem to be a problem. He had the opportunity to use the device independently, without SLP guidance.

During this assessment, Mr. Xxxx showed greater participation in communication interactions than he previously was able to demonstrate with speech alone by answering questions, initiating comments and stating preferences. His communication was intelligible and efficient. Few examples of communication breakdowns occurred, and when they did, Mr. Xxxx was able to provide more information to clarify his message. He learned to use a menu-driven message system, reducing his dependency on others. Mr. Xxxx is expected to benefit from owning the recommended SGD. Based upon this assessment, the following SGD components and specifications are recommended.

d. Recommended SGD and accessories - Based on comprehensive assessment and SGD trials, the following SGD and accessories are recommended as being reasonable and necessary for the treatment of Mr. Xxxx's expressive communication disability.

1. DynaVox MT4 - **E2510** - This assessment demonstrated that the DynaVox MT4 is the most appropriate SGD for Mr. Xxxx.
2. DynaVox MT4 Carrying Case - **E2599** - to protect the SGD during transitions.
3. FRS Custom Wheelchair Mount, Mounting Plate, On-Site Installation and Setup, - **E2512** - to assure that the SGD is accessible to Mr. Xxxx and mounted properly.

These items are available from: Forbes Rehab Services
49 S. Illinois Avenue
Mansfield, OH 44905

e. Patient/family support of SGD - Mr. Xxxx's residential caregivers and day programming staff and supervisors have had the opportunity to observe him using the device and enthusiastically remark on his ability to provide information and initiate interactions with the SGD. They have agreed to support Mr. Xxxx's use of the SGD by participating in

vocabulary selection, agreeing to learn to customize and troubleshoot device problems and provide opportunities to insure his success.

f. Physician involvement statement - a copy of this report has been forwarded to Dr. Xxxx Xxxx, Mr. Xxxx's treating physician (UPIN # xxxxxx), for review and prescription for a DynaMyte 3100 and above-mentioned accessories.

VII. INTERVENTION SCHEDULE

Upon receipt of the SGD, the Speech-Language Pathologist will customize the device to reflect Mr. Xxxx's communication needs. Following that, Mr. Xxxx will receive 6-18 individual one-hour sessions to adapt to the SGD and caregiver training to insure appropriate use and support to enable Mr. Xxxx to reach his functional communication goals. Annual reassessments are customary. Competency will be demonstrated when Mr. Xxxx can independently access messages from his menu page upon command and also when he demonstrates functional use of messages in his environments. Once competency is reached, SLP services will be provided to customize/program new messages and troubleshoot potential problems.

VIII. SLP ASSURANCE OF FINANCIAL INDEPENDENCE

The Speech-Language Pathologist performing this evaluation is not an employee of and does not have a financial relationship with the supplier of the SGD.

IX. SIGNATURE OF LICENSED SLP (including credentials):

Xxxx Xxxx holds an Ohio License (#SP-xxxx) and ASHA Certificate of Clinical Competence #xxxxxxxx. She has eighteen years of experience in the specialized area of SGD service provision to adults and children with MR/DD with a wide range of cognitive abilities, utilizing both high-tech and low-tech assistive technology. She has instructed, collaborated and consulted with professionals, family members and other team members regarding assessment, training and therapeutic intervention in SGD. Her experience has also included programming devices, customizing vocabularies, fabricating overlays, evaluating access and device mounting alternatives, problem-solving device malfunctions, and integrating SGDs with other technologies. Mrs. Xxxx is employed by the XXXXXXXXX County Board of MR/DD.

Xxxx Xxxx, M.A., CCC-SLP
Address
(Voicemail: xxx-xxx-xxxx)

This sample report was obtained from FRS Inc 49 S. Illinois Ave, Mansfield, Ohio 44905. It is intended to be for example purposes only and must be re-generated with patient specific information for each submittal. This report is courtesy of Geraldine Pitts Speech Language Pathologist, Cuyahoga County Board of MRDD on 6/5/02

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