

MEDICARE FUNDING REQUEST FOR SPEECH GENERATING DEVICE (SGD)

I. DEMOGRAPHIC INFORMATION

Name: XXXXX XXXX

Date of Birth: XX/XX/XX

Address: XX XXXXXXXXXXXX XX
XXXXXXXX, XX XXXXX

Social Security #: XXX-XX-XXXX

Phone Numbers: XXX-XXX-XXXX

Patient's Primary Contact

Person: XXXXX XXXXX

Address: XX XXXXXXXXXXXX XX
XXXXXXXX XX XXXXX

Relationship to Patient: XXXXXXX

Phone Number: XXX-XXX-XXXX

Medical Diagnosis: rapid onset Dystonia Parkinsonism

Date of Onset: 19XX

Date of Evaluation: XX/XX/XX

Physician: Dr. XXXXXXX XXXXXXX

Speech-Language Pathologist: XXXXXXX XXXXXXX,
MA, CCC-SLP

Date of Request: XX/XX/XX

Phone Number: XXX-XXX-XXXX

Phone Number: XXX-XXX-XXXX

II. CURRENT COMMUNICATION IMPAIRMENT

GENERAL STATEMENTS

Impairment Type & Severity (ICD-9 Diagnostic Code: 333.6)

Secondary to rapid onset Dystonia Parkinsonism, patient presents with severe dysarthria. Demonstrates severely limited expressive communication. Demonstrates decreased respiratory support and decreased oral-motor strength in her tongue and lips. Oral motor control is characterized by limited movements, which are imprecise, reduced in range and executed slowly. Spontaneous speech is limited to mostly unintelligible verbalizations. Patient uses some novel signs to communicate; however, these signs are difficult to understand due to decreased range and fine-motor function in her upper extremities. Patient is unable to rely on her speech to meet daily communication needs.

Anticipated Course of Impairment

Based on the *Severe Dysarthria Staging Scale* (a 5-point scale, with 1 being no detectable speech disorder and 5 being no useful speech), patient's speech is characteristic of Stage -1 Natural speech supplemented with SGD. Given the patient's current status and progressive nature of rapid onset Dystonia Parkinsonism, it is anticipated that her condition will continue to deteriorate to Stage 5 in the future.

COMPREHENSIVE ASSESSMENT

Hearing

No problems with hearing noted or reported. Hearing falls within functional limits. Attends to and discriminates natural and synthetic speech at conversational loudness levels. Parents also successfully discriminated digitized and synthetic speech in SGD, at sentence level. Patient and primary communication partners possess hearing abilities to effectively use SGD to communicate functionally.

Vision

Patient wears bifocal glasses. Reports no problems looking at materials up close or at a distance, Shows no problems with visual attention, scanning, tracking, or acuity with glasses on. Discriminates 24-point

text on display positioned at midline, at a distance of approximately 24", without difficulty. Possesses visual abilities to effectively use SGD to communicate functionally. Both patient and communication partners have visual abilities to use SGD.

Physical

Patient is able to stand and ambulate short distances. She is able to sit independently without adaptive support.

Muscle tone. ROM. strength: Passive range of motion presents within normal limits for right upper extremity. Right upper extremity digits rest in flexion. Right and left upper extremity middle and ring fingers present with swan neck deformities. Patient is unable to isolate fingers from her right hand. She is able to isolate her left index finger for directly selecting choices on a device. Bilateral finger deformities limit accurate sign language. Patient demonstrates efficient strength for compressing keys with her left hand.

Overall, Patient demonstrates effective and efficient range of motion and strength for directly selecting choices from a communication device with her left hand.

Fine motor skills. ACD access. ADL's: Patient lives by herself in an accessible apartment. She receives assist from a health aide three times a week for cleaning, showers, and some light meal prep. Patient is able to dress herself with increased time and feeds herself through adaptive utensils (that aide grip) and a rocker knife.

Patient is able to use a standard keyboard to access the Internet, e-mail, etc. During testing, several devices were trialed including the LightWRITER, Link, and DynaVox MT4. Patient was able to access keys of large to small size. She demonstrated an understanding of a QWERTY keyboard, and was able to accurately locate and compress keys. Patient indicated a preference for raised keys versus a dynamic display. She also indicated a preference for a compact device and text to speech.

Overall, Patient was able to independently access a device that offers text to speech in a compact form. She preferred the LightWRITER by Zygo industries. During testing, patient also demonstrated the ability to place/remove the device from its carrying case. Patient was able to independently place the device strap over her shoulder for independent transport. While supporting the device through a shoulder strap, she was able to transport the device for short distances over a graded surface.

POSTURE AND POSITIONING

Patient arrived at the evaluation while positioned in a Quickie RX manual wheelchair frame. She was not dependent upon her manual wheelchair for postural support. Overall, patient was not dependent upon adaptive positioning for accuracy with communication access.

MOBILITY STATUS

Patient ambulates on graded surfaces for short functional distances. She ambulates through an awkward and inefficient gait. Ambulation outside of short distances is both unsafe and non-functional secondary to the Parkinsonism. Patient is able to stand and transfer at independent. She is currently seeking a powered mobility system for independence with community mobility and safety for mobility within her home.

INTEGRATION OF POSITIONING/ MOBILITY WITH ACD

Patient utilizes a manual wheelchair and ambulation for mobility within the home and for short distances (i.e. 50 feet or less). The device should be lightweight and compact for easy transport in these environments. Patient also requires a powered mobility system for mobility over increased distances. Rigid mounting systems were discussed as an option with mounting a communication device. Patient indicated a preference for utilizing the carrying case in these situations (i.e. where a mount would be considered) with device positioned over her shoulder.

Language Skills

Receptive Language: Patient's receptive language skills are grossly within normal limits. She is literate, follows conversation, and responds to yes/no and 'wh' questions. Reading and spelling skills are functional.

Expressive Language: Patient's expressive language skills are extremely limited. Patient communicates through limited gestures and facial expressions, vocalizations, and semi-intelligible speech. Patient's intelligibility is significantly decreased due to poor articulation, decreased oral-motor strength in her tongue and lips, and decreased respiratory support. Patient is unintelligible most of the time to unfamiliar communication partners, Patient uses some novel signs to communicate; however, these signs are difficult to understand due to decreased range and fine-motor function in her upper extremities. Pt. displays adequate skills to use an SGD.

Cognitive Skills

Patient's cognitive skills are grossly functioning within normal limits. Patient follows conversations and responds appropriately to 'wh' and yes/no questions, Patient reports that she has not had any changes in her cognitive functioning since her diagnosis. Patient is a high school graduate and completed three years of college. Reading and spelling skills remain intact. Patient retains task instructions without difficulty. Recalls 100% (7/7) messages stored under abbreviations. Identifies logical codes to abbreviate messages. Spontaneously uses strategies to aid message production (e.g. abbreviates words). Consistently gives partner feedback (using SGD and nonverbal cues) to indicate if message is accurately interpreted. Corrects and clarifies messages as appropriate. Spontaneously and appropriately shifts between communication approaches to maximize communication efficiency. Demonstrates ability to use word prediction. Possesses cognitive/linguistic abilities to effectively use SGD to communicate and achieve functional goals.

III. DAILY COMMUNICATION NEEDS**SPECIFIC DAILY COMMUNICATION NEEDS**

Primary communication situations involve 1:1 and small group situations. Primary environments are home and medical appointments. Primary communication partners include parents, siblings, paid caregivers, and medical staff. Specific message needs include expressing needs/physical discomfort, making request, asking questions, offering information, expressing feelings / opinions, and discussing choices for end of life care.

ABILITY TO MEET COMMUNICATION NEEDS WITH NON-SGD TREATMENT

Patient received speech therapy services over ten years ago after she was diagnosed. She reported no improvements in verbal communication skills. Since that time, she reports no change in her verbal communication skills. Patient repeats words and sentences in an attempt to clarify speech, but is not always successful. Intelligibility is improved slightly when she uses single words or short phrases; however, intelligibility decreases remarkably at the sentence level of speech, Her verbalizations are frequently unintelligible to familiar and unfamiliar listeners due to her poor articulation and severe dysarthria. Prognosis for the development of verbal language is poor secondary to her diagnosis and history. Given the current severity of the patient's speech impairment, coupled with the progressive nature of rapid onset dystonia parkinsonism, therapy to improve speech production is no longer indicated or appropriate.

The patient relies on semi-intelligible speech, yes/no responses and facial expressions to communicate. Unaided approaches are not always effective for calling attention and indicating basic needs. Patient's intelligibility is significantly compromised over the phone.

Either a manual communication board or alphabet board can be used to generate novel messages during face-to-face conversations with very familiar partners. The board is adequate for basic needs that require a 2 or 3 word message however, messages exceeding 2-3 words are difficult for partner to decode/retain. The board also requires the partner to be standing beside the patient as she composes her message. This

can be tedious and time consuming for all partners and is not tolerated by medical personnel. The board is ineffective in group social situations, because not all partners can see the board and follow along as the patient spells. The board is not effective with fluctuating caregivers that have limited training/practice with the board.

The patient's current communication approaches do not permit her to convey the type and complexity of information in the environments and with those partners with whom she interacts on a daily (i.e. parents and paid caregivers) or intermittent basis (i.e. physicians, siblings, caregivers).

IV. FUNCTIONAL COMMUNICATION GOALS

Upon receipt of an SGD, therapy will target the following goals. Patient will:

- Demonstrate ability to master basic maintenance and operations of SGD (on-off, adjusting menu features such as voice and display) with 100% accuracy (within 3 weeks).
- Demonstrate ability to program stored messages independently with 100% accuracy (within 3 weeks).
- Convey basic needs/make requests to caregiver, by spelling or retrieving pre-programmed message on SGD, independently and with 100% accuracy (within 2 weeks).
- Initiate social greetings, offer information, ask questions, and express feelings and opinions through spelling and retrieving stored messages on SGD in a variety of environments, during 1:1 and group situations, independently and with 100% accuracy (within 3 weeks).
- Use strategies on SGD to expedite message production when sharing information or asking questions of medical personnel, independently and with 100% accuracy (within 3 weeks).

V. RATIONAL FOR DEVICE SELECTION

GENERAL FEATURES OF RECOMMENDED SGD

Based on the above noted comprehensive assessment, daily communication needs, and functional communication goals, the patient requires SGD with the following features:

Input/Message Characteristic Features:

- Extensive memory for storage of messages
- Capability of sentence and phrase storage
- Ability to use simple text selection to form complex language
- Alphabet based system with word/ dictionary based system
- Direct selection through touch input
- Abbreviation expansion capability
- Word prediction capability

Output:

- Text-to-speech speech synthesis (given that patient has novel message needs and is relying on spelling as primary means to generate messages)
- Capability to facilitate communication at a distance.
- High quality voice output

Other features:

- Portable to accommodate conversational needs in various locations within the home and at medical appointments
- Long lasting battery to ensure device is operational in various locations and to minimize need to be close to electrical outlet.
- Durability and support of manufacturer

RECOMMENDED MEDICARE DEVICE CATEGORY

The individual's ability to meet daily communication needs will benefit from acquisition and use of the SGD Category E2510 and accessories E2599.

TRIALS WITH SGD'S

Patient had opportunity to utilize six SGDs in Categories E2508 and E2510 that have the input and output features similar to those delineated above. The SGDs included DynaVox MT4, DynaVox DV4, Chat PC, Link, and Gemini. Patient accessed SGD's with her left index finger. Accuracy was excellent on all devices tried except the Chat PC. Patient was able to functionally use all SGD's following minimal instruction.

1. Chat PC was difficult to access due to its smaller size.
2. Gemini offers more options than client needs/desires for functional communication.
3. DynaVox DV4/DynaVox MT4 provide full text to speech, abbreviation expansion, word prediction, and dynamic screen access to multiple screens of words/phrases enhanced by Word Power Software. Has optimal battery time. Patient prefers smaller device without dynamic screen options.
4. Link provides appropriate options, however patient prefers a smaller device, which is easier to transport in all environments.
5. LightWRITER SL/35 provides appropriate options. Has optimal battery time. Patient prefers dual sided display screen and prefers device that is easily portable.

The parents successfully interpreted all of the patient's messages relying on the LightWRITER SL/35.

RECOMMENDED SGD AND ACCESSORIES

Based on comprehensive assessment and SGD trials, it is recommended that the patient be fitted with the LightWRITER SL/35D (E2510) and carrying case (E2599) to safely transport the device between environments. This is the most clinically appropriate equipment for the patient.

<u>Part Number</u>	<u>Description</u>
284-0140	LightWRITER SL35D*
284-0225	Carry Bag, SL35 w /Lt. Touch KB*

* Available from: Forbes Rehab Services, Inc.
49 S. Illinois Ave.
Mansfield, OH 44905
888-884-2190

PATIENT AND FAMILY SUPPORT OF SGD

The patient and her parents demonstrate excellent motivation to maintain SGD. The patient understands the strengths and weaknesses of different devices and identifies the above designated LightWRITER system as the optimal device for her communication needs.

PHYSICIAN INVOLVEMENT STATEMENT

A copy of this report has been forwarded to the patient's treating physician on: _____

VI. TREATMENT PLAN

Upon receipt of SGD, it is recommended that the patient receive 6-8 individual treatment sessions, 1 hour in duration. These sessions will address goals listed in Section IV of this report.

VII. SIGNATURES

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

XXXXX XXXXX, MA, CCC-SLP
Speech Language Pathologist
License #SP-XXXX

XXXX XXXXXXX, OTR/L
Occupational Therapist
License #OT -XXXXX

This sample report was obtained from FRS Inc 49 S. Illinois Ave, Mansfield, OH 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 Kristi Murphy, Speech-Language Pathologist.

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