



## X. Xxxx – Funding Request for SGD

videos or audio tapes and call people by name. With her DynaVox, Miss Xxxx has the ability to tell people that she is uncomfortable or needs medical attention. This is very critical because since her last surgery she tends to need to be repositioned and should be able to control when repositioning occurs.

This type of device has been a good choice for Miss Xxxx. In auditory scanning mode, her DynaVox screen is activated as a switch that Miss Xxxx touches with her right hand when the scan reaches the appropriate statement.

Other expressive modes include vocalizations and facial expressions that suggest pleasure, displeasure and discomfort. She uses a brief eye gaze to select choices presented to her visually.

**d. Cognitive Ability** - Miss Xxxx has increased her communication interactions since receiving her DynaVox device in 1994. She has accepted the responsibility of communicating discomfort rather than wait for others to recognize her needs. She has been able to participate in a reading class. She has been able to give opinions and make choices. 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** - Miss Xxxx does not exhibit any behavior that would indicate a change in visual status, therefore, a current assessment of visual abilities is not required. Medical complications in 1991 compromised her ability to focus visually, which necessitated the change from a device that visually scans to one with visual and auditory scanning. While she can visually track in both the horizontal and vertical planes, a visual attention disorder prevents her from gazing at pictures or objects for longer than a brief moment. This need was addressed with her current DynaVox and her continued successful use of that device demonstrates the appropriateness of it. Currently her symbols are approximately 1-1/4" square with 6 to 8 symbols per page.

**f. Hearing Status** - Results of BER testing 11-1-88 suggested normal hearing bilaterally. Since then pure tone audiometric screenings have been within normal limits. She does not exhibit any behavior that would indicate a change in auditory status; therefore, a current assessment of auditory abilities is not required. She demonstrates sufficient hearing to use a SGD to meet her communication needs. She recognizes the synthesized voice-output of her present DynaVox and reacts when she has "spoken" an unintended message.

### III. DAILY COMMUNICATION NEEDS

**a. Specific Daily Functional Communication Needs** - Miss Xxxx's communication partners include a wide range of people at work, home and in the community. Medical personnel are an especially important part of Miss Xxxx's life and she is expected to participate in medical exams. Peer interaction is impossible without the use of her DynaVox.

Miss Xxxx requires an intelligible method of expressing the full range of pragmatic intents and has been able to express these by using her DynaVox. With her DynaVox, Miss Xxxx has access to specific vocabulary appropriate to communicate choices of activities, physical and emotional status, gain attention, contribute comments, state opinions, entertain others, request continuance or to stop an activity, pray and sing. With her present DynaVox, there are no limitations to Miss Xxxx's communication behaviors.

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She can ask and answer questions and participate in medical decisions. She can talk on the telephone. We expect all of this functional communication to continue when she receives her replacement SGD. When her device is malfunctioning, communication breakdowns occur and she must depend upon others to ask the right questions, putting her in a reactive, rather than proactive position. Without her DynaVox, her frustration is apparent and Miss Xxxx uses crying to express emotional status. She has the ability to describe her emotional level and an SGD gives her the opportunity to describe those feelings. She wants to use the device in various seating arrangements, i.e., chair, wedge, adapted mat table, etc.

**b. Ability to fulfill the above needs using low-tech strategies, natural speech and non-SGD treatment approaches** - In the absence of technology, Miss Xxxx answers questions with slight eye movements to the left for "no" and the right for "yes." Unfamiliar people often miss her eye movements. Miss Xxxx has voluntary use of her right hand, which has limited access to the screen of her DynaVox as a switch or larger switches such as BigMacks. Her upper extremity range of motion is dominated by abnormal fluctuating muscle tone and movement patterns. She is unable to use unaided modes of communication, such as sign language. She cannot benefit from "low tech" modes (picture books/boards) without being totally dependent upon others to help her communicate. She is unable to hold a pen/pencil and therefore, is unable to use the written mode to communicate. Due to Miss Xxxx's medical diagnosis, her speaking needs cannot be met using natural communication methods or low-technology speaking aids. As a back up, Miss Xxxx has a printed copy of the various screens of her DynaVox. This requires another person holding it and simulating the auditory scanning of her device. This is tedious for both and inhibits spontaneous comments.

## IV. FUNCTIONAL COMMUNICATION GOALS

*Short and Long Term Communication Goals* - to continue to incorporate the use of an SGD into her modes of communication in all settings; Specifically, upon receipt of her customized SGD, Miss Xxxx will:

- communicate her medical status, needs and feelings, maintain social interactions, and gain/give/clarify information when prompted 100% of the time within one month.
- initiate interactions to gain attention, comment or entertain at least once daily by one month.
- Participate in informed decision making when the need arises or at least by 5/2002, when she participates in her annual review.
- Communicate to a range of people in all settings a variety of information by the end two months.

## V. COGNITIVE AND PHYSICAL ABILITIES TO USE THE DEVICE

**a. Cognitive** - Miss Xxxx's successful use of her present DynaVox System demonstrates these cognitive skills:

- initiates interactions
- ability to successfully use auditory scanning in her present system,
- using her ACD to initiate and maintain interactions,
- understanding of categories and her menu-driven system,
- understanding that if she doesn't see what she wants to say on her DynaVox display, that she needs to go to another page,
- recognizing pictures and abstract drawings related to messages,
- the ability to remember where messages are stored in a device with multiple levels,

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- ability to understand questions, including those answered with “yes” and “no,”
- ability to participate in decisions that affect her quality of life, and
- ability to control another’s actions through verbal communication.

**b. Physical** - Miss Xxxx exhibits a severe scoliosis, concave on the right, with an accompanying pelvic obliquity, elevated on the right. Her lower extremities are windswept to her right with an accompanying loss in range of motion. She relies on an Invacare AT wheelchair with custom seating for mobility and support. She is dependent on others to propel the wheelchair. Miss Xxxx’s upper extremity range of motion is dominated by abnormal fluctuating muscle tone and movement patterns. She has displayed the ability to isolate some movements to operate switches.

Miss Xxxx demonstrates good postural support when positioned in her wheelchair with her DynaVox positioned in front of her. Her arm either rests on her wheelchair tray or is held in a flexed position toward her shoulder as she waits for the device to scan to the target message. Once her intended message is highlighted and softly spoken, she lowers her hand to the SGD screen and activates it to produce her message. The device is mounted on the right side of the wheelchair frame.

## VI. RATIONALE FOR DEVICE SELECTION

**a. General features of recommended SGD as they correspond to Miss Xxxx’s needs and abilities** - Miss Xxxx requires an SGD to meet her functional communication goals with these features:

1. Selection technique - scanning (visual and auditory) where the SGD’s display screen can become the switch. This gives a sense of direct selection for the person who lacks the motor skills to access that way.
2. Dynamic display that allows for a menu-driven program. This eliminates the need for changing overlays as activities and environments change.
3. Display large enough to accommodate size and quantity of message areas and large enough to be used as a switch for access.
4. Internal symbols system.
5. Color display is necessary to help distinguish message squares from SGD link areas. Also, a color display seems to maintain or improve her visual attention better than a black on white one.
6. Display incorporates a message row to combine messages.
7. Synthesized speech to provide consistent voice output and ease of multiple caregivers customizing it.
8. Memory capacity adequate for all communication environments.
9. Able to be mounted on a wheelchair or in alternate seating arrangements.
10. Easily programmable, easy for the non-technician to learn.
11. Easy for caregivers to set up system (SGD and mount).
12. Capable of saving memory to computer to eliminate reprogramming, save caregiver time and shorten the time that Miss Xxxx is without her device, should a malfunction occur.

**b. Recommended Medicare Device Category** - Miss Xxxx’s ability to meet her daily communication needs will benefit from acquisition and the use of a **DynaVox DV4 SGD, Code E2510, and mounting device, Code E2512.**

**c. Description of equipment and procedures used for practice trials of the recommended SGD** - Miss Xxxx had the opportunity to use a DynaVox DV4, which was customized to duplicate her present vocabulary. Her ability to

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visually focus on and attend to the color display increased dramatically. It is unknown if the color display increased her motivation and picture recognition or that her comfort level and positioning were optimal, but she was able to access the device with no delayed responses. The transition from her Original DynaVox to the DynaVox DV4 was immediate. She demonstrated her ability to communicate the same information with ease. No learning period was necessary. Prognosis that Miss Xxxx will achieve the level of communication success that she reached with her old SGD is excellent.

### **d. Other SGDs that were presented and the outcomes of the trials -**

Since Miss Xxxx has already demonstrated success in independently moving between topics, any device that required the changing of overlays, which would create dependency, was not considered. Of the ones that might suit her needs, the DynaVox MT4 is too small for the size and number of "keys" that works best for her; the Xxxx uses a symbol system that she was unable to learn and retain during previous assessments. While the device could be adapted to suit her needs, Miss Xxxx cannot use many features of the device and it doesn't make sense to pay for features she will never use; Xxxx software and a laptop computer with speaker accessories would be complicated to mount in different seating arrangements.

**e. SGD and accessories recommended** - The following SGD and accessories are reasonable and necessary for the treatment of Miss Xxxx's expressive communication disability.

1. DynaVox DV4, 128 Mb, - **E2510** - This assessment demonstrated that the DynaVox DV4 is the most appropriate SGD for Miss Xxxx.
2. DynaVox DV4 Carrying Case - **E2599** - to protect the SGD during transitions.
3. FRS Custom Wheelchair Mount, DynaVox Mounting Plate, On-Site Installation and Setup,- **E2512** - to assure that the SGD is accessible to Miss Xxxx and mounted properly

**f. Patient/family support of SGD** - This SGD is requested to replace Miss Xxxx's Original DynaVox, which was purchased for her by Medicaid in June 1994. Throughout the last seven years, Miss Xxxx's family and caregivers at both her residence and day program have supported her use of the SGD and assisted in maintaining her equipment. She has Speech-Language Pathology services at both sites to insure continuity of programming.

**g. Physician involvement statement** - A copy of this report has been forwarded to Dr. Xxxx Xxxx, Miss Xxxx's treating physician (license #xxxxxx) on 7-18-01 for review and prescription for a DynaVox DV4 and above-mentioned accessories.

## **VII. INTERVENTION SCHEDULE**

Upon receipt of the SGD, Speech-Language Pathologists will customize the device to reflect previously used and up-to-date vocabulary. Following that, Miss Xxxx will receive 4-8 individual one-hour sessions for Miss Xxxx's adapting to the new SGD and caregiver training to insure appropriate use to reach her functional communication goals. Annual reassessments are customary.

## **VIII. FUNCTIONAL BENEFIT OF UPGRADE**

Miss Xxxx has relied on her Original DynaVox to augment her speech. However, it is malfunctioning and we have been advised that parts are no longer available for repair. Combined with the higher quality technology

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that is now available, the length of time of ownership of the current SGD (over 7 years), and the significant nature of the current SGD, a new DynaVox is warranted.

**IX. 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.

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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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