Eye Gaze: From Evaluation to Treatment
Part 2: Eye Gaze Evaluations ***Reports***

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Challenges to Eye Gaze Evals and Report Writing

- “It Doesn’t work”
- Too Much information
- Not enough information
- Conflicting information
- Report process is too long

In your evaluation report

It’s evaluation time!

What are some common reasons “it doesn’t” work during an eye gaze evaluation?

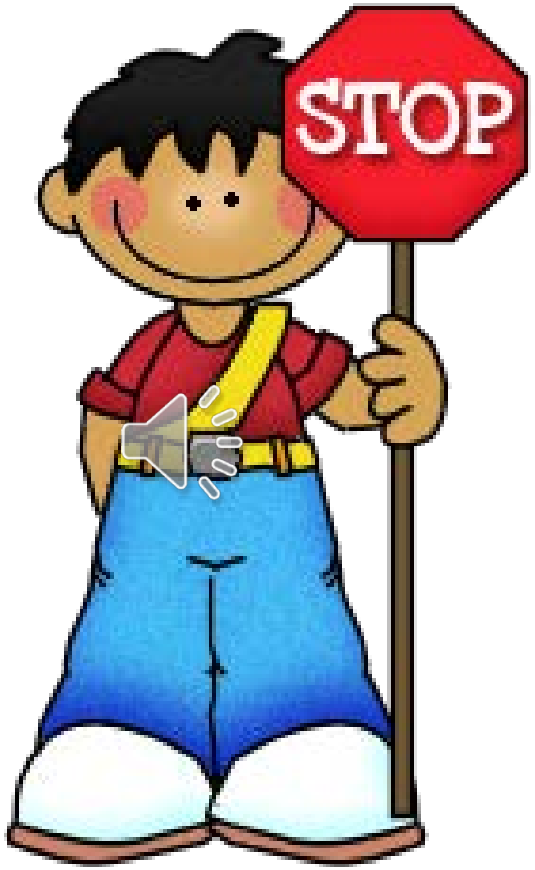
- Input (selection method) Settings
- Activation Method Settings (dwell, blink, switch)
- Positioning
- Lighting
- Eye glasses (bifocals; trifocals)
- Calibration Settings
- Clear and Clean

Eye Gaze Evaluator Checklist

Familiar= *I am* well acquainted; I am well versed

- ☑ I am familiar with all of the devices and settings I have access to and those I don't.
- ❑ I am familiar with devices approved by insurance and those that are not.
- ❑ I am familiar with positioning of all the mounts I am using.
- ❑ I have information (via website or company brochure) on different mounts and devices that I do not have access to in my facility.
- ❑ I know how to contact tech support for the devices I am demonstrating.
- ❑ I can troubleshoot during the evaluation for each device I am demonstrating. (CALIBRATION TROUBLESHOOTING)
- ❑ I can program and edit pages as needed per device I am demonstrating.
- ❑ I have a camera available and ready.

Funding Report



Before you start…

- **What are we as evaluators doing when we do AAC evaluations?**
  - Feature Mapping-matching features of devices to the person
- Know the person
  - Health History Questionnaire
    - Current Medical Status and History
    - History of the person's use of AAC devices or strategies
    - Hearing and vision
    - Mobility component
- Know the rules of your funding source
- Know the funding packet requirements of the DME provider.

Funding Sources

- DME Provider vs. Funding Source
  - Durable Medical Equipment Provider (DME)-Device Company
  - Medicaid, Medicare, Private Insurances-Funding Source
  - Each DME Provider will have a funding packet/requirements:
    - Client Information Form (demographic, insurance info)
    - Release Form
    - Assignment of benefits/Financial responsibility
    - Copy of insurance cards
    - SLP Report
    - Physician's Prescription
    - Additional items (LMN or forms specific to funding source)

Funding Sources

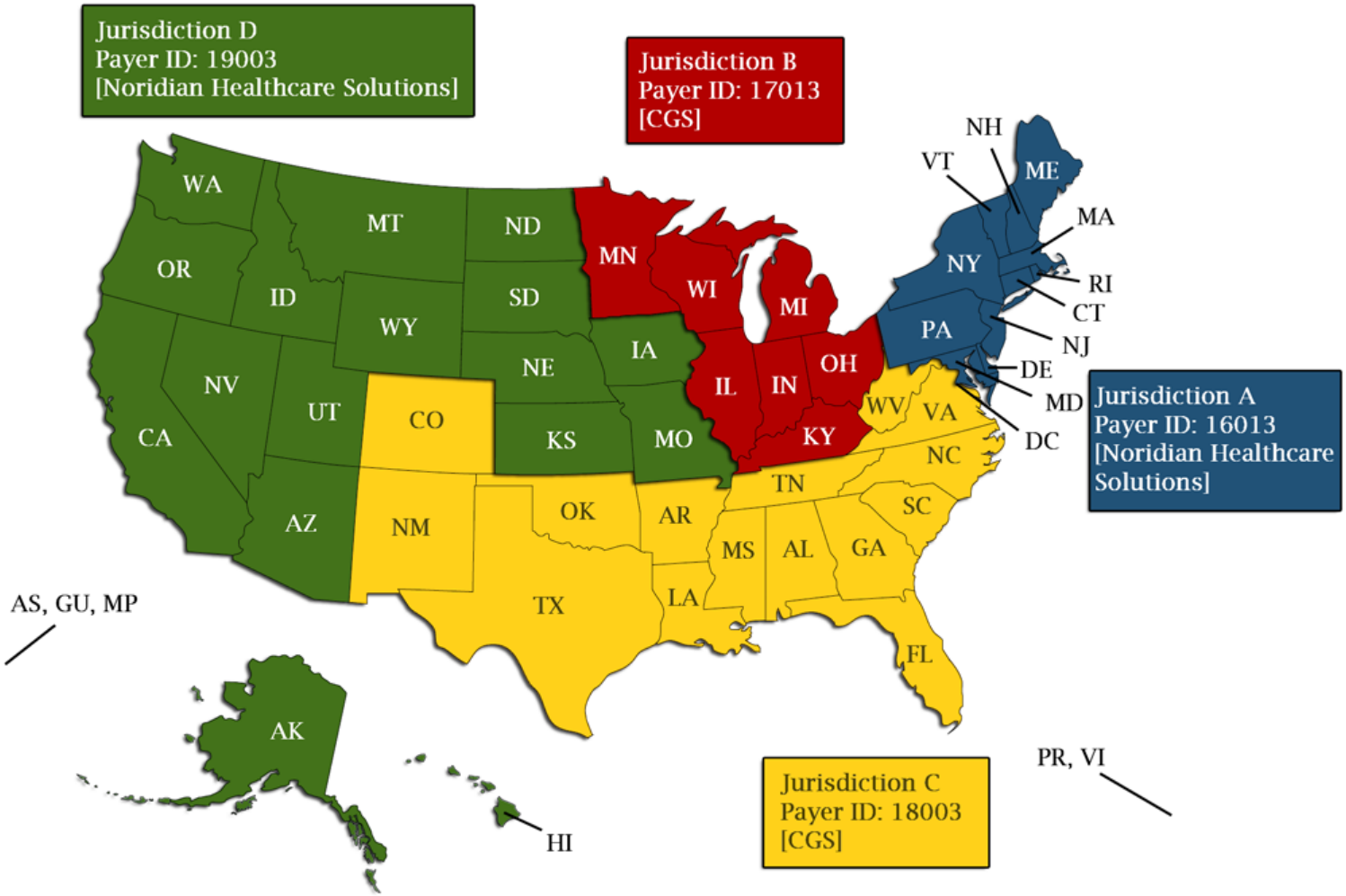
- DME Provider vs. Funding Source
  - Durable Medical Equipment Provider (DME)-Device Company
  - Medicaid, Medicare, Private Insurances-Funding Source
  - Each DME Provider will have a funding packet/requirements
- A DME provider can tell you how to write your report.
- A DME provider can tell you what to write in your report
- A DME provider can make suggestions on best practices for documentation.
- A DME provider can refuse your report or have you make changes prior to submitting.

Funding Sources

- Medicaid
  - Each State is Different
  - Some require a particular format/form
  - Trial period or definition of trial
  - Data
  - Standardized vs. Non-Standardized testing
  - Letter of Medical Necessity (LMN)
  - Who signs the report?

Funding Sources

- Medicare & Private Insurance
  - Medicare review is regional
  - Some rules will be across all regions (report must not use drop down boxes)
  - Trial period or definition of trial
  - Standardized vs. Non-Standardized testing
  - Letter of Medical Necessity (LMN)
  - Who signs the report?



DME MAC Jurisdictions

Funding Report

- Keep good records during your evaluation sessions
- The largest area of importance in documentation for an eye gaze device is other access methods and why they do not work
- It is ok to be repetitive as long as you are consistent
- Evaluation Report Format-let's take a look :

Funding Report

- Communication Impairment:
  - Relevant Medical Status, History, and therapeutic program
  - Communication Impairment Description "Severe"
    - detailed description of the Dysarthria, apraxia, aphasia- give examples of verbalization/communication-- this is really where you are going to 'set the stage' for why we are asking for an AAC device.
    - Communication Impairment: intelligibility, rate of speech, and coordination of breathing and speaking, ability to phonate, and expressive speech.
    - any use of low tech strategies, books, devices used in the past
    - prior level of function, employment, education
    - Current status level: where and with whom they live, employment, day program, school/grade etc.
  - Prognosis; Anticipated course of Impairment: Stable? Declining?

    -ability to improve with SGD?

Funding Report

- Comprehensive Assessment:
  - Hearing and Vision
    - The patient possesses the visual/hearing abilities to effectively use a SGD to communicate functionally. WNL or WFL
    - Vision Modification: Positioning of device appropriately to allow for proper access to eye gaze accessory.
  - Physical Status
    - Functional mobility-Ambulatory?
    - Upper Extremity Function (direct selection, scanning,)
    - How will they use the communication device? In what positon?
    - Mounting-Is it medically necessary?
  - “With the modification _____the patient possesses the physical abilities to effectively use a SGD and required accessories to communicate."

Funding Report

- Comprehensive Assessment:
  - Language and Cognition:
    - Standardized Testing
    - Clinical Observations (expressive, receptive, reading, writing, attention, memory, problem solving, ability to learn etc.)
    - The patient possesses the cognitive/linguistic abilities to effectively use a SGD with eye gaze accessory to communicate and achieve functional communication goals.
- Daily/Functional Communication:
  - Medical Needs
  - Communication Partners
  - Communication Environment
  - Why does low tech not meet their daily communication needs?
    - Natural speech, signs/gestures, writing, picture symbols etc.

Funding Report

- Rationale for choosing device:
  - Must try more than 1 device
  - State why a device was ruled out
  - State why the recommended device was selected
  - Examples of Device use during evaluation and trial or treatments sessions
  - Tell how which selection method was most successful (dwell, blink etc.)
  - Must state this SGD with eye gaze accessory is the best method of functional communication for ____. Then tell why (most consistent method, most accurate, most effective etc).
  - List features needed as determined by language skills and cognitive abilities as well as vision and hearing needs

Rationale for the Device

- Remember the SGD chosen must be reasonable, Medicare doesn't want to pay for a Ferrari if a Bicycle will work.
  - *If the client cannot use it, then why should Medicare pay for it?*
- Medicaid, Medicare, Private insurances do not pay for what will happen in the future (progressive patient).
  - What does this mean for funding an eye gaze accessory progressive patients (ALS, MS, etc).
    - You have to prove what is the most functional method of communication.
    - Functional at all times; least restrictive environment and communication with all communication partners

Rationale for Accessories

***EACH ACCESSORY SHOULD BE LISTED ON A SEPARATE LINE UNDER THE RECOMMENDED SGD ***

Code E2599 (miscellaneous accessories for SGDs)

- Eyegaze
  - Rule out all other methods of access including less costly direct touch selection, all switches (UE,LE, head) and headmouse

Code E2512 (mounting equipment for SGDs)

- Mounts
  - Reiterate comments which should have been already noted under physical environments
  - Switch mounts also fall under this code

Funding Report

- Functional Communication Goals and Treatment Plan (next session)
- Patient/Family support
- SLP/evaluation team has no finical support or connection from the supplier (DME)

Case Studies

- When looking at these we are going to ask ourselves the following questions:
- Funded-
  - What makes this good documentation?
  - Can I identify at least 2 aspects this excerpt that are good things to have within my documentation?
- Not funded-
  - Why was this not funded? Can I identify 2 red flags?
  - What could have been done/written differently?

Case Study

- We are going to ask ourselves the following questions:
- Not funded-Denial
  - Why was this not funded? Can I identify 2 red flags?
  - What could have been done/written differently?
- Funded-Approved
  - What makes this good documentation?
  - Can I identify at least 2 aspects this excerpt that are good things to have within my documentation?

Case Study: Denial

Speech and language skills:

Mr. John Doe is a 25 year old male with a medical diagnosis of TBI. He is sometimes able to comprehend basic conversational speech and expressively he is unable to communicate. Mr. John Doe not motivated to communicate, throws temper tantrums by failing his legs to demonstrate when he is upset but lacks the means of useful communication.

Mr. John Doe has been receiving speech treatment for his speech and language disorder for the last 6 months.

Physical Characteristics:

Mr. John Doe is not ambulatory and uses a power wheelchair. He is often bobbing his head up and down and back and forth. He has movement in his arms and legs when he is angry and flails them about.

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Physical Characteristics:

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Case Study: Approved

Speech and language skills:

Mr. John Doe is a 25 year old male with a medical diagnosis of TBI. He is sometimes able to comprehend basic conversational speech and expressively he is unable to phonate. Mr. John Doe is motivated to communicate, about food and entertainment (music, games) while using the eye gaze device during the trial. Without the use of the SGD and eye gaze accessory Mr. Doe lacks the means of useful communication.

Mr. John Doe has been receiving speech treatment for his speech and language disorder for the last 6 months without any improvement to functional communication.

Physical Characteristics:

Mr. John Doe is not ambulatory and uses a power wheelchair with assistance. His mother aides in the driving the chair by using the alternative driving controls. He is often bobbing his head up and down and back and forth. However, he cannot move his head volitionally and presents with a decreased range of motion with head movement. He is unable to move his hands, feet, and legs volitionally and therefore has no functional physical movement in his upper and lower extremities.

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