

Idaho Medicaid SGD Supplemental Form

Please complete entire form and submit with DME Prior Authorization Form

Date of Evaluation: 6/20/2023

Medicaid Participant Information

Last Name: Smith		First Name: Jon	
Medicaid ID: 1234567		Date of Birth: 3/1/2019	
Speech-Language Diagnosis & ICD Codes: F80.2 Mixed Receptive-Expressive Language d/o, F84.0 Autistic d/o		Date of Onset: 3/1/2019	
Anticipated Course of Impairment: Lifetime, Jon's ability to produce speech is not expected to improve			

Speech-Language Pathologist Information

Provider Name: Susan Pathologist	NPI: 123456789
Phone: 123-456-7890	Fax: 123-456-7890

Summary of Current Skills

Summarize Development and Speech/Language Skills: (Attach ST Communication Evaluation. Include inventory of communication skills and sensory function.)

Current Communication Impairment: Mild Moderate Severe

Summarize: *If additional room is needed please use a separate piece of paper*

Jon's mother reported he was a full-term baby born without complications. Jon walked alone at 15 months, used single words to communicate at approximately one year of age. He used an expressive vocabulary of >10 words and participated in joint attention routines such as pat-a-cake and peek-a-boo. At 18 months, Jon began to withdraw and no longer made eye contact or responded when spoken to. His expressive vocabulary shrank to two words (no and water, which he used only infrequently). He was diagnosed with Autism in August 2020. Jon has received speech therapy (ST) consistently since his diagnosis and has demonstrated significant progress toward the development of functional communication skills. He is now able to use alternative/augmentative communication to request preferred items/activities, makes consistent eye contact during shared routines, and in vocal play. Jon has been diagnosed with severe Mixed Expressive/Receptive Language Disorder. Jon does not have verbal production for functional communication. Prognosis is poor for verbal communication. Jon is completely non-verbal. The client will occasionally and with maximum support use gestures or signs for simple requests such as "more" and "please, and the client will occasionally physically manipulate others in order to request or have needs met.

Physical, Cognitive, Hearing, and Vision Abilities and How They Affect the Use of the Requested Device:

Summarize: *If additional room is needed please use a separate piece of paper*

=Physical: Jon is able to walk around and sit in a chair at a desk or table independently. Jon will use his left index finger to access his SGD. He exhibits the necessary physical abilities to effectively use, and transport a SGD and required accessories to communicate.

=Cognitive: Jon is currently able to isolate cells up to (84) locations within apps that have been trialed provided visual model and verbal prompt to select new vocabulary. He demonstrates the necessary cognitive prerequisites for appropriate AAC/SGD. He understands cause and effect, object permanence, and demonstrates procedural memory for finding target responses and accessing the speaking app.

=Hearing: Jon demonstrated hearing abilities within the normal range and does not possess any hearing difficulties that would impact his ability to effectively use a SGD for functional communication.

=Vision: Jon has no special vision needs at this time and possesses the visual abilities to effectively use a SGD to communicate functionally with others.

Has Pt Had or Does Pt Have an SGD? Yes No Date of Purchase: Length of Use:

Current/Previous SGD Make & Model: Aided Unaided Low-Tech High-Tech

Any Issues with the Current/Previous SGD: Yes No

Explain: *If additional room is needed please use a separate piece of paper*

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Functional Benefit of Upgrade **OR** State "No SGD in the past": *If additional room is needed please use a separate piece of paper*
No SGD in the past.

Functional communication goals:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Gain attention of familiar & unfamiliar communication partners | <input checked="" type="checkbox"/> Ask questions |
| <input checked="" type="checkbox"/> Provide personal info to communication partners | <input type="checkbox"/> Participate in medical appointments |
| <input checked="" type="checkbox"/> Request personal ADL assistance | <input checked="" type="checkbox"/> Request food, drink, object or action |
| <input type="checkbox"/> Other: <i>If additional room is needed please use a separate piece of paper</i> | |

Why are you requesting an SGD?

- Participant's speaking needs cannot be met using natural communication methods or low-technology speaking devices.

Participant needs the ability to:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Express thoughts and ideas in emergency situations | <input checked="" type="checkbox"/> Verbalize physical wants and needs to caregivers and family |
| <input checked="" type="checkbox"/> Report to medical staff pain or other medical needs | <input checked="" type="checkbox"/> Communicate with peers, family and others |
| <input checked="" type="checkbox"/> Request object or actions | |
| <input type="checkbox"/> Other: <i>If additional room is needed please use a separate piece of paper</i> | |

Jon needs to have continual access to a high-tech AAC tool to effectively interact with his peers, family, support staff, and medical personnel. An SGD provides Jon with a rich vocabulary and the ability to easily express himself while supporting proper semantic and syntactic skills. Dependence upon low-tech measures are not only limiting due to cumbersome portability and what is available at that very moment, but also do not provide the immediate and motivating feedback the Jon desires and needs to maintain interest in language and communication.

What are the anticipated needs to warrant an SGD?

- | | |
|--|--|
| <input checked="" type="checkbox"/> Ability to communicate physical needs and wants | <input checked="" type="checkbox"/> Communicate with medical and educational staff |
| <input checked="" type="checkbox"/> Socialize with family and caregivers | <input checked="" type="checkbox"/> Improve expressive language |
| <input type="checkbox"/> Other: <i>If additional room is needed please use a separate piece of paper</i> | |

What features are needed or requested by this client/caregivers and justification for features? *If additional room is needed please use a separate piece of paper*

-Jon needs an SGD with a message window that displays both the text and accompanying symbol to engage and best support his processing of language through visual and written output. Auditory feedback is also needed when pressing a location on the screen.

-A device with storage capacity to provide him the ability to personalize and produce messages of varied lengths for quick access to increase and encourage social interactions.

-Robust and dynamic vocabulary to be organized in levels with access to real scenes to provide context and reduce cognitive load. Consistent presentation of core words among folders to quickly generate utterances with appropriate syntax and a keyboard to create phrases and sentences similar to what he will be exposed to through environmental print and messages, in books, and heard from others.

-Auditory output with intelligible lifelike qualities (gender/age specific); natural-sounding

-Portability to be used in various environments throughout the day. This includes a protective case and handle for easy transportation

Trial Information

Trial documentation must include:

- Minimum of three SGD trials from at least two different vendors.
- Trial length of 1 week to 1 month for each device that may meet participant's communication needs.
- The amount of time the participant used the device each week.

Device Tried: QuickTalker Freestyle - AbleNet

Date Trial Started: 5/15/23

Duration of Trial: 4 weeks

Direct Select: Eyes Touch Other:

Scanning: One Switch Two Switch Auditory Visual

Summary: *If additional room is needed please use a separate piece of paper*

Jon has been trialing a QuickTalker Freestyle successfully. He has demonstrated the ability to independently communicate his wants and needs using the Proloquo2Go software. He required minimal to no prompting in requesting objects, greeting family and therapists, and requesting for help. When communication partners could not understand Jon verbally, he used his SGD to effectively communicate. This has significantly decreased his tendency to physically manipulate these partners and decrease behaviors associated with not being able to communicate effectively. Jon would greatly benefit from having his own dedicated SGD as the one he is currently using is not his own but a trial device. His success during this trial indicates he is ready for a personal device to carry with him between school, home, and community settings.

Device Tried: Manufacturer 2

Date Trial Started: 5/1/23

Duration of Trial: 2 weeks

Direct Select: Eyes Touch Other:

Scanning: One Switch Two Switch Auditory Visual

Summary: *If additional room is needed please use a separate piece of paper*

During the trial, Jon was successful in accessing buttons on the device and using the power button, volume and touch screen. However, he was unsuccessful in using the communication apps on this device. He trialed App 1 where he required maximal prompting support. As noted in the other trial above, Jon was successful in using the communication app, App 2. This device was ruled out due to lack of offering the communication app that best meets Jon's needs.

Device Tried: Manufacturer 3

Date Trial Started: 4/3/23

Duration of Trial: 3 weeks

Direct Select: Eyes Touch Other:

Scanning: One Switch Two Switch Auditory Visual

Summary: *If additional room is needed please use a separate piece of paper*

The device is heavier than the QuickTalker Freestyle device. Jon needs a device that is lightweight and easy to carry. The device is also not an iOS-based device. Jon is familiar with Apple IOS products, and when trialing this non-iPad device, John was disengaged and was not independently using the device. John's family also is familiar with Apple products and therefore, would be better with day-to-day support for John. The language system being recommended is also no available on this device.

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SGD Recommendation

SGD Brand: AbleNet Inc	
Model Name: QuickTalker Freestyle	Model Number: 70000117
<input checked="" type="checkbox"/> The participant's ability to meet daily communication needs will greatly benefit from acquisition & use of the device.	
Software Recommended: Proloquo2Go	
Accessories/Mounting: None needed at this time	
This combination of hardware, accessories, and software meets the communication needs of the participant because: It will allow for Jon to readily have access to a mode of communication, other than speech, in order to improve his expressive/receptive language skills to support novel productions and greater autonomy across environments.	

Support Team

Please, list support team names and numbers (i.e. special education teacher, physical therapist, occupational therapist, school/private speech-language pathologist, habilitative interventionist, etc.).	
Name of Team Member & Role	Phone Number
Susan Pathologist, MS, CCC-SLP	123-456-7890
School Personnel (list names)	
Family (list names)	
Other providers (list names)	
Who is responsible for programming, updating, and maintenance of the device? The treating SLP as well as Jon's family will work together to keep the device up to date with Jon's needs. AbleNet's ableCARE team is also available to troubleshoot issues and provide repairs/replacements if the device is damaged.	
How has the Pt's IEP team, caregiver, physician, or other communication partners been included in this evaluation process? Jon's school SLP first identified his success while using a school based iPad. She began an trials with low-tech and high-tech AAC available at the school. He was referred to me for outpatient services and upon conduction my own assessment, it was determined a dedicated SGD is needed.	
<input checked="" type="checkbox"/> A copy of this report has been forwarded to the participants treating Physician prior to ordering device	

Additional Required Documentation

<input type="checkbox"/> Current speech/language reports including plan of care.
<input type="checkbox"/> If applicable: Current Individualized Education Program (IEP).
<input type="checkbox"/> If applicable: Letters documenting medical necessity.

Acknowledgement

By signing below, I agree that I am not an employee of, or have a financial relationship, with any assisted technology/speech generating device manufacturer. I agree to the information and recommendations in this report.		
_____ Speech-Language Pathologist's Signature	_____ Phone Number	_____ Date
_____ Physician's Signature	_____ Phone Number	_____ Date

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