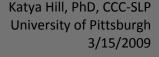# Tips for Writing Successful Funding Requests for Speech Generating Devices (SGDs)

Evidence for approvals and appeals

This document provides recommendations for reporting external, clinical and personal evidence to include in an SGD Funding Request for a school-aged child (3-21 years old). The recommended evidence assumes that the speech-language pathologist has conducted a comprehensive augmentative and alternative communication (AAC) evaluation, and the family and child have chosen an SGD that supports all three AAC language representation methods.

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SGD Funding Requests and Medicaid or other Third-Party Payers

Funding for assistive technology for students by school districts has been precarious since PL 94-142 (Public Law, 1975). Although IDEA (Individuals with Disabilities Education Act) mandates that students have access to assistive technology without consideration of cost when writing an IEP (Individualized Education Plan), full funding for special education has not be a federal or state priority. Consequently, school districts have managed individual student special education needs by either containing purchases or seeking alternative funding sources to avoid using local SD revenue. A major funding stream was opened when State Departments of Education established agreements with Medicaid to fund SGDs for school-aged children receiving special education services.

Agreements with Medicaid to fund SGDs for students have been lenient in requiring strong documentation supporting medical necessity. School SLPs have written SGD funding requests documenting the severity of the communication disorder that identifies the student as a candidate for the recommended SGD. If all the requirements were contained in the report, the school had reasonable assurance that the SGD would be covered by Medicaid and/or the family's health care policy. Recently, an increase in the denial rate has been observed. For example, a regional special education agency in Pennsylvania has seen an 800% increase in failures to approve the SGD request. The primary reason given for the denials was that the request did not show medical necessity or appropriateness. A review of seven SGD funding denials revealed the following combination of reasons:
- 5/6 Medical necessity & appropriateness
- 4/6 Different device for trial – lower E-code & in-network should be tried
- 3/6 Current has a working SGD; no need to upgrade
- 2/6 Not long enough trial

Medicaid reviewers MAY have been given outright or implied directives to be more critical in confirming that "medical necessity and appropriateness" has been demonstrated in the request. SLPs have not expected to have to build a case for medical necessity up until now. Rather, SLPs have been careful to avoid showing an educational need for an SGD, but not evaluating in terms of medical necessity in the educational environment.

Proving Medical Necessity and Appropriateness for Children

Various wording incorporated throughout the SGD request can reinforce the notion of medical necessity and the appropriateness of the recommended SGD. Specifically, the software program and AAC system along with features of the device should be mentioned throughout the request rather than using the generic term SGD.

The mindset of the reviewer needs to switch from thinking of SGDs as a commodity, to appreciating the unique features of the recommended SGD that will result in positive outcomes.

Requirements of the SGD request that lend themselves to embedding text related to the AAC system and medical necessity are:

- Reason for referral can be tied to parental concerns:
    - Highlight parent's concerns regarding child's inability to express health care and emergency needs, fears for getting lost, etc.;
    - If possible, give one example of a situation that put child at risk in not receiving proper medical treatment that was related to you by the parents.

- Comprehensive assessment areas can provide evidence on using the AAC system for communication of medical needs:
    - Language; e.g. learning trajectory of vocabulary/symbols appropriate for medical necessity
    - Physical; e.g. access to key locations on display and the difficulty and time problems required for navigation.
    - Cognitive; e.g. sorting/matching/categorization/association activities using medical/health vocabulary/symbols; observation of problem solving skills and comprehension of pretend play involving activities associated with health and emergency situations.

- Use of speech and other non-SGD treatments sections:
    - Provide external evidence on isolation and loneliness created by lack of speech/communication (see reference table);
    - Provide external evidence documenting that individuals who cannot speak have an increased incidence of sexual abuse (see reference table);
    - Provide clinical and personal evidence on being dependent on a partner and not being independent, especially in cases of an emergency or being alone.

- Functional communication goals:
    - Goals should be written based on medical necessity; e.g. providing health information; answering questions posed by nurse/doctor; protest to protect self from abuse, etc. (see examples);
    - Incorporate specific device features that will support achieving the goal, e.g. core row; dynamic activities, activity row, etc. (see examples).

- Document trials with at least 3 SGDs (see example):
    - Describe SGD by category feature and then identify specific SGDs by name;
    - Make sure 1 trial discusses results for SGDs in a lower cost E-code;
    - Make sure 1 trial discusses results from an SGD in the same E-code as the recommended SGD;
    - Performance data should be included in this section;
    - Outcomes data should be included in this section. Use terms such as *highly satisfied*, *strongly preferred* for selected SGD, and *rejected, highly dissatisfied* for the other SGDs.

- Treatment Plan (see example):
    - Provide details on how team will work on building language skills to meet goals relating to medical necessity.

EXAMPLES OF SGD TEXT

The following are examples of text that can be inserted and customized for a student to support medical necessity and appropriateness. Strength is added by providing personal evidence or anecdotes specific to the student. For example:
1) *student has frequent severe headaches, and vocabulary and/or messages related to this medical condition have been targeted during the trial;*
2) *student is prone to pressure ulcers due to length of time in wheelchair, and vocabulary and/or messages have been learned to address this issue;*
3) *student has been hospitalized during the past two years, and vocabulary and/or messages to use while hospitalized have been targeted for practice during the trial.*

Language & SGD Trial Data (Note: new section header label)

Vocabulary and message generation using **Unity 84 1-hit** on the **Vantage Lite** were trialed by the client. Symbols appropriate to support health care and medical necessity are available with the Unity software. In addition, the parents recognized the advantage of not having to navigate among pages to locate vocabulary and construct messages typical of other SGD trialed. Medical and health related vocabulary and messages were targeted. Procedures on assessing vocabulary/symbol learning using an SGD were taken from Drager and Light (2007) and modified to involve a child-centered activity involving "playing sick" and "getting help." Aided language stimulation was used as a modeling strategy to expand responses during the pretend play.

At the end of the trial period, the client was able to:
- Use the following core vocabulary functionally and intentionally: *I, you, help, call, need, feel, stop, want, get*

- Use the following extended vocabulary phrases from the activity row functionally and intentionally: *with food, with drink, with chair, with device, quick, home, emergency, my medicine, sick, hungry.*

- Use the following body part vocabulary on a medical page functionally and intentionally: *eye, arm, leg, nose, hand, foot, etc.*

- Use the following social regulatory vocabulary functionally and intentionally in communicating with personal care and/or health care staff: *please, thank you, hi, good-bye.*

- Produce word combinations spontaneously and intentionally using the dynamic activity feature: *need my medicine, stop hurting, help with drink, help quick, call home.*

NOTE: Strategies to elicit communication:

For younger children, the procedure of having the child make a teddy bear talk with the device may be appropriate. For example, "Let's pretend the teddy bear is sick, what would he tell his mother?" Another strategy would be to read a book about a child being ill, visiting the doctor, being in the hospital, seeing the dentist, and then role-play the story. Some books that are appropriate include:

My Trip to the Hospital by mercer Mayer, Harper Festival. ISBN-12: 978-0-06-053949-8

Just Going to the Dentist by Mercer Mayer, Harper Festival. ISBN-978-0-307-12583-5

The Berenstain Bears Learn about Strangers by Stan & Jan Berenstain , Random House. ISBN 0-394-87334-3

Some children may be ready to practice, role-play, answer questions or construct a narrative about what they would tell their parents or a nurse if they were sick, got lost, needed help, etc.

Functional Communication Goals Related to Health/Safety and Medical Needs

1. Provide identifying/biographical information and health care information to medical personnel using pre-stored messages on the **Activity row** with **Unity^{TM}** 84 on the **Vantage Lite** when requested 100% of the time.
2. Demonstrate gains in conveying personal and health care needs and making requests regarding care to personal attendants and health care providers using the **core row and dynamic activity vocabulary** with **Unity^{TM}** 84 on the **Vantage Lite** within 2 month.
3. Demonstrate gains in using the strategies available with **Unity^{TM}** 84 on the **Vantage Lite** to offer information, ask/answer questions, express feelings during 1:1 interactions with medical health care providers and other communication partners within 3 months.
4. Demonstrate gains in using the strategies available with **Unity^{TM}** 84 on the **Vantage Lite** to expedite message production on the telephone with medical personnel and other communication partners within 6 months.
5. Demonstrate gains in using the strategies available with **Unity^{TM}** 84 on the **Vantage Lite** to expedite scripted messages for emergency situations within 6 months.

Measurement of treatment goals 1-5 can be supported with LAM (language activity monitoring), the built-in data logging feature on the Vantage Lite along with outcomes measurement tools.

SGD Trials

SGD Type (E-Code category)	Procedure	Outcome
Identify basic component of SGD; name devices. Make sure you trial a device in an E-code from a lower priced category and one with the same E-code that might be requested as a substitution.	Demonstrate Observed use – length of trial period Instructed use Discussed…	Support with best evidence External or research Clinical Data Personal – preferences, values, expectations of client and family
Static digitized voice output with single-meaning pictures and pre-programmed messages (e.g. Tech Talk, Go Talk)	Client already familiar with how to operate this type of SGD. Demonstrated, observed, and prompted use. Discussed features of device and ability of SGD to meet daily communication needs and medical necessity.	Poor performance. Student showed no interested in these SGDs. Vocabulary/memory capacity below need to support abilities and medical necessity. Does not include alternating between methods of utterance generation. Rejected.
Touch screen synthesized speech output, with single-meaning pictures based on activities; page navigation required; portable device, i.e. Dynavox V.	Demonstrated, observed, and prompted use. Discussed features of device and ability of SGD to meet daily communication needs. Student had previous experience with page-based SGDs and was unsuccessful in learning device.	Poor performance. AM was easily distracted and frustrated at changes with the display screen and pages. Also, trial at school showed similar results and page-navigation was considered inappropriate and counterproductive. Rejected.
Touch screen synthesized speech output, with all 3 AAC language representation methods, grid-type display with core rows; page navigation not required; portable device, i.e. Vantage Lite	Demonstrated, observed, and prompted use. Discussed features of device and ability of SGD to meet daily communication needs. Used Vantage Lite in evaluation sessions and trial and collected baseline performance data and outcome measures.	Student's attention and focus on task was maintained the longest on this SGD. Both mother and father saw the benefit of this treatment approach and preferred this system. Analysis of language sample showed that student was able to identify and functionally used 11 core words, 9 fringe words, and 3 pre-programmed sentences for a total of 23 learned graphic symbols in the 2 evaluation sessions. He was able to use graphic symbols to generate 20 novel utterances using Action+Object; Action+Action; Quantifier+Object; and Quantifier+Action word combinations. Trial included rehearsal and practice of vocabulary and messages to use with medical health care providers, care givers, and emergency situations. Parents strongly agreed with benefit of treatment to meet medical and health needs. Built-in handle allowed independent portability; student took responsibility for care and transporting SGD; parents strongly agreed that construction of SGD was preferred; fostered independence; and would reduce possibly of damage and repair.

Selected SGD Features

Language
- Language representation methods to include: 1) single meaning pictures, 2) alphabet-based methods, and 3) semantic compaction. Use of semantic compaction does not require reading, reduces the number of symbols needed for high frequency vocabulary, and reduces the number of icon sequences to generate a message.
- Language application program: Unity 45, 60, 84 1-hit transitioning to 45, 60, 84-sequenced for consistent location of symbols/vocabulary and promote transition to higher level programs as skills increase. Unity minimizes the need for multiple displays, customization of pages, or selection and organization of vocabulary based on activities.
- Vocabulary organized based on core rows for high frequency vocabulary and an activity row for extended vocabulary to avoid navigation among pages and develop motor planning.
- Provides for spontaneous novel utterance generation (SNUG) and/or pre-programmed (utterance-based) messages.
- Following software toolset features available: icon tutor; icon prediction; vocabulary builder; contextual scenes.

Hardware
- Touch screen (9.2" x 8.7") and configured with core & activity row, a page-based system is NOT indicated.
- High brightness display with LED backlight and wide viewing angle to see display in all environments (outside) in the community.
- Integrated Bluetooth connectivity for hands-free phone interface to promote independent phone calls as indicated in functional communication goals for emergencies and other life threatening situations.
- Rugged and portable built-in handle for independent transport.
- Synthesized voice output – identify selected voice; need for text to speech as indicated by clinical evidence that student is in (or passed) the phonology-to-metaphonology stage of development.
- Preferred color – identify personally selected. Give personal note, e.g. the selected color is used to label student's personal items at home and school and would support this organizational strategy.
- Built-in Language Activity Monitor.

SGD Accessories
- Keyguard
- Carrying case
- Switches, etc.

SGD – Other
- Parents considered the variety of training options and technical support services provided by the SGD manufacturers important. Availability of teaching materials, especially the *Literacy Program for Unity* by Erickson and Hanser and *LAMP (Language Acquisition through Motor Planning)* Program was another consideration giving preference to the Vantage Lite. These evidence-based treatments do NOT support SGDs from other manufacturers or SGDs by the same manufacturer in another E-code category for digitized voice output.

REFERENCES