

A purchase addendum is written at the at the conclusion of a SGD trial/rental period by an ASHA certified speech-language pathologist.

The **Trial Period Data Collection Sheet** is a helpful way to obtain the medically relevant trial data needed to write this report.

RMRP: [http://www.asha.org/SLP/healthcare/Medicare-Speech-Generating-Devices-Information/#app\\_a](http://www.asha.org/SLP/healthcare/Medicare-Speech-Generating-Devices-Information/#app_a)

If you do not include all the information outlined below, you risk receiving a denial/deferral.

[if possible, print on letterhead, remove any unused fields]

## ADDENDUM TO RECOMMEND PURCHASE FOR SPEECH GENERATING DEVICE (SGD)

Date of Report: \_\_\_\_\_

### CLIENT INFORMATION

Name:  
Date of Birth:  
Medical Diagnosis:  
Speech Diagnosis:

### SLP INFORMATION

Name:  
ASHA Certification #:  
State License #:  
Phone/Email:

### BACKGROUND INFORMATION

Introduce client in a few sentences to include age, diagnosis, severe speech disorder, medical diagnoses, intelligibility, why client requires use of a high-tech SGD, and why current means does not meet medical needs. Can refer to original eval for more detailed info.

**Example:** "The original eval was dated XXX. The SLP writing this addendum sees XXXX for ongoing therapy. It is my professional opinion that the XXXX's capability profile and medical communication needs remain the same as the original evaluation. As such, the original evaluation is still considered valid. The table below outlines the timeline.

Original Eval	10/20/2021
Trial completed	1/15/2022 -4/15/2022
Paperwork submitted to PRC-Salttillo funding	4/30/2022

**New Requirement:** must include adequate reasoning for delays in the addendum report. SLP needs to list specific points; must have a statement that the client hasn't had a medical change, must have statement that the original evaluation decision has maintained the same.

Potential reasons for delay:

- doctor appt delay
- PRC/IATP trial process delays
- delay in SLP documentation
- delay in family providing critical equipment

### DESCRIPTION OF SGD TRIAL

Provide a narrative:

- The device, vocabulary, and accessories (e.g., keyguard, switches, Look, NuPoint, etc.) that were trialed.
- The length of the trial period (e.g., 1/15/2022-4/15/2022).
- Environments in which the SGD was used. At least one needs to be outside the school setting if possible (and 3 different settings if possible).
- The different communication partners who supported the client during the SGD trial.

### USE OF SGD TO COMMUNICATE MEDICAL ESSENTIAL NEEDS

Describe how client generated the specific messages (see below examples)

- Used single words and/or spelling to generate novel utterances. Generated utterance consisting of up to \_\_\_\_\_ words
- Used preprogrammed messages to increase efficiency/speed of communication
- Utilized symbol pathways to more independently create messages

Provide a minimum of 10 different medically relevant messages the client demonstrated, including the information outlined in chart below.

**"The following is a sample of messages generated during the trial"**

Function of Communication	Example of Message Generated	Communication Partner	Environment	Does client do this without the device with familiar/unfamiliar communication partners?
ex. Relay personal info	"My name is Joe." "I am 20 years old."	Mom, peer	home	No

Additional examples of medically relevant functions include: **express pain/body parts, express hunger/thirst, express assistance, request bathroom, express sensory needs, participate in decision making, direct others/medical care, share information**

Following the chart, write a narrative explaining how single words/phrases (e.g., up, go, eye, mouth, no out, etc.) included in the chart will help person improve communication about medically relevant information to his/her primary caregivers across environment. If the majority of the messages were in the school environment, relate those to an outside/home environment.

**Example:** XXXX identified colors, this allows him/her to pick out colors and reduce frustration/self-injurious behaviors when he/she doesn't get what she wants; XXXX selected 'mouth' to indicate need for suctioning for swallow precautions, etc.

**OPERATIONAL SKILLS & INTRINSIC FACTORS DEMONSTRATED DURING TRIAL**

Write a narrative explaining all operational skills client demonstrated with the SGD (see examples below). For **each skill**, provide a qualitative or quantitative statement. (e.g., XXX took SGD out of bookbag every day. XXX carried it with him on 10 community outings).

- Picked up and/or Carried device
- Set device up on table
- Turned device on
- Woke up device
- Navigated to home page
- Navigated across multiple pages
- Navigated back
- Charged device
- Participated in SGD programming
- Used word finder feature
- Adjusted SGD volume
- Cleared the message window/display bar
- Used word prediction
- Spoke the entire message

Write a narrative explaining other factors the client demonstrated that support successful use of SGD. For **each factor**, provide a qualitative or quantitative statement descriptions. (e.g., When XXX was not understood, she found her SGD and activated the following button(s) to repair the communication breakdown.)

- attended to the device
- motivated to use device
- requested/sought out device to communicate
- initiated toward device to communicate
- increased independence
- demonstrated recall memory to locate vocabulary
- demonstrated positive attitude and willingness to learn
- demonstrated persistence and resilience to use SGD
- increased overall communication
- decreased negative behaviors
- recognized & repaired errors in message formulation

**CONSIDERATIONS OF COST EFFECTIVENESS**

List and discuss data from TRIAL of all other more cost effective/lower cost AAC options, including no cost options (e.g. sign, PECS, books and boards), low cost options (e.g., GoTalk, TechSpeak, Logan ProxTalker, etc.), and more cost-effective tablet-based devices (e.g. QuickTalker FreeStyle, ViaPro, PriO Mini, SC Tablet, etc.). For each system/device, include discussion of trial data including, not limited to, the following:

- length of trial
- examples of utterances/amount of output generated
- rate and accuracy of message formulation
- models/level of prompts required
- attention to device/seeking device out for communication
- other advantages/disadvantages of the device including cost, availability of training and customer service.

Note: Trial of other no-cost, low-cost, and more cost-effective tablet based options CAN occur during or prior to the assessment/evaluation of the client. If any of this information is included in the original evaluation, you may refer back to the specific sections.

It may help to include the information in a table form (sample below).

Low-Tech/Tablet Device Tried or Considered	Amount of utterances generated	Examples of output	Models/prompts required	Rate of message formulation	Accuracy of message formulation	Engagement/sustained attention to the device	Limitations
PECS (Picture Exchange Communication System)	- utterances to request reinforcers - utterances to participate in decision making during snack	- "car" - "music" - "I want cracker" - "water"	- initial hand over - hand assistance bridging to independence as symbols/phrases become learned	- slow, unable to keep up with pace of conversation - limited number of pictures or messages limits scope of conversation	- accurate and timely for single word/short phrase responses about basic requests, choices	- motivated and routinely used for highly reinforcing activities (favorite toys, food) - limited use for more complex tasks (i.e. medical needs, academic learning, statement of feelings, etc.	- bulky, must flip through layers to pictures/messages - must create boards using either Boardmaker application or paper/pencil - reliant on communication partner to add messages, maintain current pictures

**RECOMMENDED SGD AND ACCESSORIES**

Summarize your conclusions and write a brief justification for the SGD.

Include what features of the device were important to enable the client to use the device to communicate medically relevant needs (e.g., portability, predictive nature of the language system, etc.). If any additional features or accessories are required include those with medical justification.

Note the family’s role during the trial, and their agreement with the recommended device.

Indicate which of the following device and accessories are being recommended: **\*not all may apply**

Item	CPT Code	Vendor Name
Device name	E2510	PRC-Salttillo
Keyguard, Touchguide (specify how many buttons)	E2599	PRC-Salttillo
Mount (specify type, will need a quote)	E2512	Examples: Daessy, Rehadapt, Blue Sky
Accessories (e.g., Look, NuPoint)	E2599	PRC-Salttillo

**INDIVIDUAL TREATMENT & IMPLEMENTATION PLAN**

The plan **must** include each of the following elements, specifying the timeline and the individual responsible for carrying it out.

*Programming*

- Who will be responsible?
- How/when will this be done?

*Initial and Ongoing Training on Device Use*

- Who will be trained and who will provide the training? (e.g., Assistive Technology Consultant, SLP)
- How will the client learn to use the device? Include 1) Number and/or length of sessions (e.g., 2/week for 30 minutes) and 2) Type of treatment (e.g., individual, group)

*Monitoring/Following Up*

- Who will follow up with the client and family to ensure effective use of the device to meet client’s medical needs?
- How will this follow up occur? (e.g., phone call, data logs, email check-in).

List at least three short and/or long-term goals for the client to meet **medical essentials needs**. Include estimated time for completion

Functional Communication Goal	Short Term	Long Term

**ADDITIONAL REQUIRED STATEMENTS**

The report will be sent to the physician on      (DATE)      for review.

I do not have any financial relationship with Vendor Name(s) (e.g., Salttillo Corporation/Prentke Romich Company).

**EVALUATING SLP SIGNATURE**

Date & Sign the report, including your credentials listed above in the “SLP INFORMATION” section.

**\*\*If you do not maintain your ASHA CCC’s, another SLP must co-sign the addendum\*\***

**\*\*If you are in your CF-year, another SLP with his/her CCC’s must co-sign the addendum\*\***

