

MassHealth Checklist for AAC/SGD Devices

Clinical Documentation

1. Prescription

✓ Refer to MassHealth DME General Prescription and Medical Necessity Review Form

2. SLP Evaluation and Report

- ✓ Report must be within 6 months of request
- ✓ Impairment Type and Severity
- ✓ Cognitive Level
 - o Developmental Testing characterizing cognitive learning abilities and levels of function
 - o Formal testing results preferred: Name of Test, Development Levels, Date Performed
- ✓ Sensory Functioning
 - o Vision Status
 - o Hearing Status
- ✓ Motor/Physical Abilities
 - Gross motor abilities (ambulatory, or walks with crutches/walker, or uses wheelchair; seating and positioning/posture; head control and trunk mobility)
 - o Fine motor and upper-extremity abilities and function (ability to point, type, write, access a device via direct selection)
 - o Ability to access via eye gaze, head mouse, single-switch or multipleswitch scanning, or other alternative access method
- ✓ Communication Abilities and Levels of Function
 - Speech (articulation/intelligibility, oral-motor function, respiratory insufficiency, and other relevant information)
 - o Expressive language
 - o Receptive language
 - Use of nonverbal communication strategies (signs, eye pointing, gestures, or other nonverbal communication strategies)
 - o Other language skills (reading, writing, telephone, and computer)
 - o Current and previous history using AAC devices, including dates utilized, and, if applicable, the reason the currently used device no longer meets communication needs
 - o Projected course of speech progress and needs
- ✓ Behavioral and learning abilities observed, evaluated, or gathered from records of evaluations:
 - o Executive-function skills, including attention span
 - Memory



- o Problem-solving skills
- o Ability to understand cause and effect
- o Presence of significant behaviors, such as physical aggression and property destruction

3. Treatment Plan and Schedule

- ✓ Short and Long Term communication goals for device.
- ✓ Treatment options including support to meet goals

4. Trial Period

- ✓ Length of trial
- ✓ Data collected during the trial
- ✓ Environment in which the SGD or software trial took place (e.g., home, school, community)
- ✓ Manner in which the device or software was accessed (e.g., gaze, direct selection, scanning)
- ✓ Member's ability to learn to use the device or software functionally for communication
- ✓ Sampling of messages communicated, including frequency, level of cueing, and communication partner
- ✓ Number of messages expressed in a time-period and level of cueing required for expression of such messages
- ✓ Degree to which the member could move beyond the exploratory phase and use the device or software to communicate intentionally; whether such progress occurred in both structured and unstructured settings; and with what level of proficiency progress beyond the exploratory phase occurred
- ✓ Communicative intents expressed

5. Recommended Device with Accessories

- ✓ Detailed description of the recommended device
- ✓ Include a comparison to other devices trialed/considered
- ✓ If replacement, document the cost to repair and cost to recommend new