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
     o 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 multiple-switch scanning, or other alternative access method
   ✓ Communication Abilities and Levels of Function
     o Speech (articulation/intelligibility, oral-motor function, respiratory insufficiency, and other relevant information)
     o Expressive language
     o Receptive language
     o 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
     o Memory
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