1. Provide an actual speech/language diagnosis, not “delay” or “non-verbal”. Impairment must be described as “severe” to meet criteria for almost all funding sources.

2. Prognosis for development of speech must be poor; many insurance plans require the word “permanent” for the speech/lang. impairment.

3. Provide only positive info about the student’s cognitive abilities – this is not an IEP; you are asking insurance to pay thousands of dollars for a speech-generating device, so they want to see the student has the ability to use the device. Avoid statements that might raise red flags, such as, “only attends to task for 2 minutes”, “tends to throw things when upset”, “is unable to ____”. Describe what the student IS able to do, i.e., able to follow simple conversation, understands cause and effect, responds to his/her name, remembers location of symbols from one day to the next. Use formal test results only if they are representative of the student’s abilities, as they are frequently not required.

4. It is always a good idea to comment on receptive abilities being better than expressive.

5. Keep in mind that insurance companies are purchasing a device for medical necessity, and as durable medical equipment for use mostly in the home. Medicaid programs are interested in all environments, so make sure to include info about use in the home and community, not just in school.

6. Avoid lengthy descriptions of a student’s daily behavior in the classroom. It is not required and is sometimes unhelpful to making a case for a device. Only include info that pertains to use of the SGD.

7. Provide good data on use of the SGD during the eval, such as number of icons per page, ability to navigate from the main page to topic pages in order to make choices, ability to combine 2-3 words together, etc. Each state Medicaid program has different rules about what is required, including 30-day trials, and your Solutions Consultant or Funding Consultant can provide info about this.

8. If you used the S + CF app instead of an I-110 or SC Tablet for the eval, make sure to state clearly that the software is identical and the hardware device is being recommended because it is more durable and has better speakers.

9. Keep goals restricted to use of the SGD; traditional speech therapy should be ruled out as not effective, or the client doesn’t qualify for an SGD. You may be still be working on speech or swallowing, but it doesn’t belong in this report.

10. In the final recommendations, be sure to name the actual SGD first, then any accessories.