## SGD VDOH Submission Requirements 031323

The following chart was created to provide guidance to SLPs about what documents are needed for different types of speech-generating device applications. The information was reviewed by the Clinical Operations Unit of the Department of Vermont Health Access (Medicaid).

To access the forms, go to [DVHA Clinical Forms and Prior Authorization Forms page](https://dvha.vermont.gov/forms-manuals/forms/clinical-prior-authorization-forms) – scroll down to “Augmentative Communication Device (12/22/2022)” to download the document. All the forms are included in this link: SGD Evaluation, Baseline / Endlline, Prescription, Medical Necessity and Maintenance Agreement. The document will download as a Microsoft Word fillable form.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Reason for Request | Trial Period | insurance | VT Medicaid Evaluation Form | Baseline / Endline Form | Prescription Form | Medical Necessity Form | Maintenance Agreement Form | other |
| Ipad - new SGD user | Yes – minimum 4 weeks | Primary insurance - statement of non-coverage or rejection + appeals | Full eval form completed | yes | Signed by PCP, family, SLP | Signed by PCP | Signed by SLP, family |  |
| Dedicated SGD new SGD user | Yes – minimum 4 weeks | Primary insurance - statement of non-coverage or rejection + appeals | Full eval form completed; refer to vendor forms when duplicate info is requested | yes | Signed by PCP, family, SLP | Signed by PCP | Signed by SLP, family | Vendor forms for non-ipad SGDs |
| Outdated ipad current SGD user | No | Primary insurance - statement of non-coverage or rejection + appeals | Full eval not needed, supportive documentation from SLP explaining why the new device is required - what the current device can’t do that the member needs a new device to do | document present levels of SGD | Signed by PCP, family, SLP | Signed by PCP | Signed by SLP, family | none |
| stolen, lost, damaged iPad | No | Primary insurance - statement of non-coverage or rejection + appeals | Full eval not needed, clarify what happened to the device and if it was meeting the member’s needs. | no | Signed by PCP, family, SLP | Signed by PCP | Signed by SLP, family | Police report (stolen); fire report if lost in a fire,  SLP letter of explanation |
| needs change current SGD user | Yes – minimum 4 weeks | Primary insurance - statement of non-coverage or rejection + appeals | yes | document present levels of SGD | Signed by PCP, family, SLP | Signed by PCP | Signed by SLP, family | SLP letter of explanation |