

Speech Language Pathologist (SLP) Evaluation for Speech Generating Devices (SGD)

Health Care Authority (HCA) Authorization Services Office

PO Box 45535 Olympia, WA 98504-5535

Fax: (866) 668-1214

Please provide the information below. Print or type your answers, attach the required supporting documentation, sign date, and submit the request as follows:

- **Online submission:** Complete an online submission via the ProviderOne Portal. Submit the HCA prescription form 13-794, this completed form online along with supporting documentation.
- Written submission: Fax a completed General Information for Authorization form (13-835), as the first page of the fax,the HCA prescription form (13-794), this completed form and supporting documentation to the Authorization Services Office at 1-866-668-1214. Please do not send fax cover sheet with request.

1	Genera	l information

Client name Client ProviderOne ID

Supplier name Supplier

Supplier phone (with area code)

Supplier fax (with area code)

Evaluating Speech Language Pathologist (SLP) name Evaluating SLP phone (with area code)

Evaluating SLP fax (with area code)

Speech generating device (SGD), mounting device and accessories requested (include HCPCS code):

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Speech and language diagnosis

ICD-10

Description

ICD-10

Description

Specific communication needs as it relates to environmental, medical, and daily living:

Client device access

Use keyguard: With hands Without hands

Alternative access: Switch Joystick Eye gaze Head pointing

Other:

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Does the client cur If yes:	rrently own ar	n SGD?	Yes	No			
Name and model	of device				Serial nu	ımber	
Purchased by:	НСА	Otherins	surance				
Other/unknown					Date pui	chased or app	prox. device age
Explain why the cu	ırrent device r	no longer mee	ets the clien	t's needs:			
Device outdat manufacturer Explanation:	ed or no long	er supported	by		ice non-functi nge in client c		
Current hearin	ıg status						
Within functional l	imits with bes	st correction?	Yes	No	O		
Does hearing statu Explanation:	is influence th	e client's com	nmunicatior	and/or the S	GD choice?	Yes	No
Current vision	status						
Within functional l		st correction?	Yes	No)		
Does vision status	influence the	client's comn	nunication a	and/or the SGI	O choice?	Yes	No

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Education and employment status

Enrolled in school: Yes No Employed: Yes No

Comments:

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Speech and language status

Evaluation by Speech and Language Pathologist

Cognition assessment: Describe the client's abilities and/or deficits in each of the following areas as they relate to the ability to use an SGD and accessories.

Attention skills

Memory

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Problem solving		
Comments		

Current receptive language abilitiesDemonstrates the ability to comprehend:

Phrases Symbols Written words

Gestures/signs Sentences

Photos Conversations

Describe ability to follow commands.

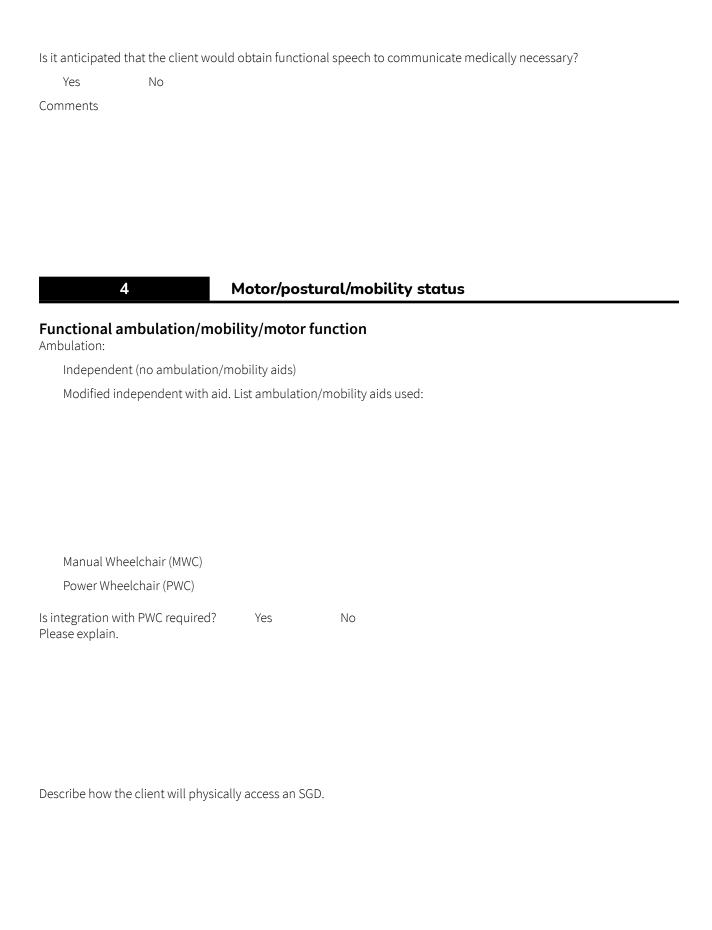
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Describe comprehension of yes/no	o questions related to functional choices	and number of choices offered.
Commonte		
Comments		
Current expressive languag	ze ahilities	
Communicates expressively by usi	ng:	
SGD	Sign language	Spelling
Vocalizations	Gestures	Photos
Verbalizations	Writing	Symbols
Other:		
Current social communicat Identify current communication pa		

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Comments

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Rationale for recommended device, mount and accessories

List all devices considered or trialed and observations. Describe your observation of the client's use of each device and medical justification for the device selected. Describe rationale for why devices considered or trialed were ruled out or not selected.

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Communication goalsWhat are the initial short-term goals?

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What are the initial long-term goals?

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How will the recommended device be supported?

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Evaluating SLP signature

This section will only be completed by SLP providers.

Physician Involvement Statement: This report was forwarded to the treating physician. The physician was asked to write a prescription for the recommended equipment.

SLP Assurance of Financial Independence and Signature: The SLP performing this evaluation is not an employee of and does not have a financial relationship with the supplier of any SGD.

SLP signature Date

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