

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.

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General 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):

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:

Does the client currently own an SGD? Yes No

If yes:

Name and model of device

Serial number

Purchased by: HCA Other insurance

Other/unknown

Date purchased or approx. device age

Explain why the current device no longer meets the client's needs:

Device outdated or no longer supported by manufacturer

Device non-functional

Change in client condition

Explanation:

Current hearing status

Within functional limits with best correction? Yes No

Does hearing status influence the client's communication and/or the SGD choice? Yes No

Explanation:

Current vision status

Within functional limits with best correction? Yes No

Does vision status influence the client's communication and/or the SGD choice? Yes No

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

Problem solving

Comments

Current receptive language abilities

Demonstrates the ability to comprehend:

Phrases

Symbols

Written words

Gestures/signs

Sentences

Photos

Conversations

Describe ability to follow commands.

Describe comprehension of yes/no questions related to functional choices and number of choices offered.

Comments

Current expressive language abilities

Communicates expressively by using:

SGD

Sign language

Spelling

Vocalizations

Gestures

Photos

Verbalizations

Writing

Symbols

Other:

Current social communication abilities

Identify current communication partners.

Identify current communication purposes.

Comments

Speech and language therapy history

Describe the client's speech and language therapy history as it relates to augmentative and alternative communication

Is it anticipated that the client would obtain functional speech to communicate medically necessary?

Yes No

Comments

4 Motor/postural/mobility status

Functional ambulation/mobility/motor function

Ambulation:

Independent (no ambulation/mobility aids)

Modified independent with aid. List ambulation/mobility aids used:

Manual Wheelchair (MWC)

Power Wheelchair (PWC)

Is integration with PWC required? Yes No
Please explain.

Describe how the client will physically access an SGD.

Comments

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.

Communication goals

What are the initial short-term goals?

What are the initial long-term goals?

How will the recommended device be supported?

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