

# 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

### 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):	

### 2

### Background information

#### Speech and language diagnosis

ICD-10

Description

ICD-10

Description



**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:

**3                  Speech and language status**

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**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

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## **Motor/postural/mobility status**

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### **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

## 5

### **Rationale for recommended device, mount and accessories**

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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