

# Prior Authorization / Speech-Generating Device Skills and Needs Profile Attachment

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## SECTION I - MEMBER INFORMATION

<sup>1</sup>NAME – MEMBER (Last, First, Middle Initial)

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<sup>2</sup>MEMBER ID NUMBER

<sup>3</sup>DATE OF BIRTH – MEMBER (mm/dd/ccyy)

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## SECTION II - SERVICE INFORMATION

<sup>4</sup>Medical Diagnosis

<sup>5</sup>Treatment Diagnosis

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<sup>6</sup>Member's / Family's Native Language

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<sup>7</sup>Is the member a dual language learner?  Yes  No

If yes, specify languages: \_\_\_\_\_

<sup>8</sup>Date(s) or Range of Dates Needed for Completion of the Skills and Needs Profile

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## SECTION III - BACKGROUND INFORMATION

<sup>9</sup>Who referred the member for evaluation and why?

<sup>10</sup>**Briefly describe the member's living situation.**

<sup>11</sup>**List the member's relevant medical history.**

<sup>12</sup>**Has the member previously received SLP services focusing on alternative and augmentative communication (AAC)?**

Yes    No

*If yes, describe the timeframe and location of previous treatment and the reason that the current SGD skills and needs profile is needed.*

<sup>13</sup>**Include additional background information or history if applicable. For instance, discuss any other pertinent SLP services the member has received in the past or is currently receiving, and discuss how the provider will coordinate services with other providers. Attach the Individualized Family Service Plan (IFSP) for Birth to 3 Program-aged members if applicable. Attach the Individualized Education Program (IEP) for school-aged members (3-21) if applicable.**

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## **SECTION IV - CONFIRMING NEED FOR SGD EVALUATION**

<sup>14</sup>**Check all boxes that apply to the member.**

- Member is unable to address communication needs, including those related to health, safety, and communication with all partners, using speech alone.
- Member is unable to effectively communicate to address a range of communicative purposes.
- Member's current functional speech and/or language status is inadequate for supporting age-appropriate participation in daily situations.

Member previously benefited from using an SGD, but it is not working or is no longer meeting the member's needs.

List the SGD previously used. \_\_\_\_\_

Report on attempts to repair the SGD and outcomes (if applicable). \_\_\_\_\_

Member is unable to advance expressive language skills using speech alone (for example, expand vocabulary, syntax, pragmatic skills).

Other: \_\_\_\_\_

Include additional information confirming the member's need for an SGD evaluation if applicable.

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## SECTION V - EVALUATION OF SKILLS RELEVANT TO COMMUNICATING USING AN SGD

<sup>15</sup>**Check all boxes that describe the member's speech skills.**

Member has no speech or has limited speech.

Member speaks but has limited intelligibility.

Member is intelligible; however, spoken words do not match situations, reducing comprehensibility (for example, echolalia).

Include additional information regarding speech skills if applicable.

<sup>16</sup>**Check all boxes that describe the member's receptive language skills.**

Member has an acquired disability but has retained age-typical receptive language skills. (If this box is checked, skip to Element 17.)

Member follows \_\_\_\_\_ -step directions within physical capabilities during meaningful situations.

Member has completed standardized testing appropriate for age and diagnosis.

List test, test date, and results if applicable. \_\_\_\_\_

Member responds to named objects, people, or other verbal stimuli within daily routines.

Member selects pictures, line drawings, and/or printed words on tablets, phones, computers, or environmental signs or in printed material.

Member demonstrates an understanding of categories or basic concepts.

Member's performance is observed within academic or work tasks.

Member experiences barriers to demonstrating receptive language skills (for example, motor or sensory impairment).

Include additional information regarding receptive language skills if applicable.

**17 Check all boxes that describe the member's expressive language skills.**

- Member's history demonstrates age-appropriate expressive language skills, but an acquired disability has reduced or eliminated speech as a means of expression.
- Member demonstrates communicative intent.
- Member uses expressive language for the following communicative purposes:
  - Requesting                       Greeting                       Gaining Attention                       Commenting
  - Providing Information                       Protesting                       Initiation                       Termination
  - Other \_\_\_\_\_

*Briefly describe the member's vocabulary status and grammatical skills/language complexity.*

*Include additional information regarding expressive language skills if applicable.*

**18 Check all boxes that describe the member's communication skills.**

- Member currently uses nonlinguistic expressive modalities, including:
  - Vocalizations                       Gestures                       Pointing                       Body Language / Facial Expression
  - Leading People                       Eye Gaze                       Behaviors                       Other \_\_\_\_\_
- Member currently uses linguistic expressive modalities, including:
  - Spoken Word Approximations                       Spoken Words \_\_\_\_\_
  - Text (Reading / Writing) \_\_\_\_\_                       Other \_\_\_\_\_
- Member has demonstrated use of linguistic expressive modalities via AAC, including:
  - Enhanced Natural Gestures
  - Sign Language / Approximations \_\_\_\_\_
  - Partner-Assisted Scanning
  - Low-Tech Books / Boards
  - Photos
  - Line Drawings From AAC Symbol Set (For Example, SymbolStix, Boardmaker PCS)
  - Picture Exchange Communication System (PECS)
  - Visual Supports / Schedules
  - Single / Sequential Message Communicators
  - Digitized SGD With Communication Grid \_\_\_\_\_
  - Tablet-Based System With Communication Application \_\_\_\_\_
  - Synthesized SGD \_\_\_\_\_

Other \_\_\_\_\_

*Include additional information regarding communication skills if applicable.*

**<sup>19</sup>Check all boxes that describe the member's cognitive skills.**

- Member has age-typical cognitive skills. (If this box is checked, skip to Element 20.)
- Member's ability to demonstrate cognitive skills is reduced due to barriers (for example, communication, physical, sensory).
- Member demonstrates understanding of cause and effect.
- Member has joint attention.
- Member demonstrates anticipation of routine events and activities.
- Member demonstrates engagement in pretend play within physical capabilities.
- Member is literate or has other academic or work-related skills. (For example, provider may include the member's reading level or observations related to cognition that are observed or reported in the member's academic or worksetting, such as attention to tasks or ability to follow directions.) Describe the skills.

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- Member demonstrates the ability to learn operational features (for example, navigating between screens, selecting choices, turning on and off) of SGD or technologies offering similar features, such as computers, tablets, or phones.

*Include additional information regarding cognitive skills if applicable.*

**<sup>20</sup>Check all boxes that describe the member's learning style and context requirements related to SGD use.**

- Member does not require any special context requirements for learning to use an SGD.
- Member requires or benefits from visual cues/supports.
- Member requires or benefits from verbal cues.
- Member can control environmental distractions.
- Member can use the selected SGD to reduce known distractors.
- Member requires or benefits from picture/symbol supports/symbol schedules.
- Member requires or benefits from most-to-least cuing hierarchies.
- Member requires or benefits from least-to-most cuing hierarchies.
- Member requires or benefits from task structures.
- Other \_\_\_\_\_

*Include additional information regarding learning style and context requirements if applicable.*

**<sup>21</sup>Check the box that describes the member's hearing skills.**

- Member has adequate hearing to understand spoken words.
  - Member has a hearing impairment.
  - Member's hearing status requires selection and implementation of appropriate SGD features. Describe the member's status and whether or not they use hearing aids or have cochlear implants.
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- Member has a hearing impairment that requires language to be presented using a visual modality (for example, sign language, visual symbols) in order to develop receptive language skills and/or understand language. If applicable, describe the visual supports that are used with the member.
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*Include additional information regarding the member's hearing status if applicable.*

**<sup>22</sup>Check one of the following boxes to describe the member's vision skills.**

- The member has no concerns related to use of vision for communication using an SGD.
  - The member's vision status requires selection and implementation of appropriate SGD features. Describe the features and/or implementation approaches needed.
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*Include additional information regarding the member's vision skills if applicable.*

**<sup>23</sup>Check one of the following boxes to describe the member's fine motor skills. (Attach report from occupational therapist or physical therapist if applicable.)**

- The member has adequate fine motor skills to access the SGD without modifications.
  - The member's motor/physical impairments require selection and implementation of appropriate access features and accessories for SGD. Describe how impairments impact the member's ability to select symbols on the SGD or any features that will assist the member with symbol selection.
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*Include additional information regarding fine motor status if applicable.*

<sup>24</sup>**Check all boxes that describe the member's gross motor skills/mobility/positioning. Attach report from occupational therapist of physical therapist if applicable.**

Member independently ambulates.

Member is able to carry SGD.

Portability/transport accommodations are needed for SGD. Describe the accommodations needed.

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Member requires the use of specialized seating and positioning equipment and mobility aids (for example, a wheelchair) that will require consideration of mounting systems. Describe the equipment needed.

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## **SECTION VI - RECOMMENDATIONS**

<sup>25</sup>**Include recommendations following completion of the skills and needs profile in the space provided. Recommendations should include whether or not the member will need additional treatment and/or a trial period using the SGD.**

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## **SECTION VII - AUTHORIZED SIGNATURE**

<sup>26</sup>**Signature and Credentials** - Speech-Language Pathologist

<sup>27</sup>**Date Signed**

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# Prior Authorization / Speech-Generating Device Purchase Recommendation Attachment

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## SECTION I - MEMBER INFORMATION

<sup>1</sup>NAME – MEMBER (Last, First, Middle Initial)

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<sup>2</sup>MEMBER ID NUMBER

<sup>3</sup>DATE OF BIRTH – MEMBER (mm/dd/ccyy)

\_\_\_\_\_

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## SECTION II - SERVICE INFORMATION

<sup>4</sup>Medical Diagnosis

<sup>5</sup>Treatment Diagnosis

\_\_\_\_\_

<sup>6</sup>Did the member receive SGD treatment following completion of the skills and needs profile?

Yes

No

If yes, list the start date, end date, and frequency of treatment.

Treatment Start Date: \_\_\_\_\_

Treatment End Date: \_\_\_\_\_

Frequency of Sessions: \_\_\_\_\_

<sup>7</sup>Has the member participated in an SGD trial?

Yes

No

If yes, list the start and end date of the trial period.

Trial Start Date: \_\_\_\_\_

Trial End Date: \_\_\_\_\_



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### SECTION III - DOCUMENTATION OF SGDS CONSIDERED BUT RULED OUT

<sup>8</sup>Describe any SGD options considered but ruled out during the skills and needs profile assessment, treatment sessions, or the trial period. If relevant, highlight why other SGD options were eliminated from further consideration for the member, including less costly alternatives.

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### SECTION IV - RECOMMENDED SGD AND DESCRIPTION OF FEATURE MATCH

<sup>9</sup>Identify SGD hardware (include name and manufacturer), and describe feature match (for example, portability, durability, battery life, size of display).

<sup>10</sup>Identify SGD software, and describe feature match (for example, symbols, navigation, and display features such as static or dynamic display, visual scene, grid, list, symbol size, spacing, and number on display).

<sup>11</sup>Language System / Organization / Page Set (Select all that apply.)

- Phrase-Based
- Word-Based
- Text-Based
- Word Prediction
- Message Storage Features
- Bilingual Language Features
- Vocabulary Appropriate to Age and/or Cognitive Level
- Encoding Including Semantic Compaction
- Related Page Sets to Allow for Transition to More Complex Options as Language Advances

*Describe feature match to selected options.*

<sup>12</sup>**Access Method, Settings, and Accessories (Select all that apply.)**

Adapted Touch Screen Settings and/or Key Guards

Direct Selection Using Finger or Hand Without Adaptations

Select One:  Right Hand  Left hand  Both

Direct Selection Using Adaptations Such as Head Pointer or Head Mouse

Eye Gaze

Joystick or Mouse

Scanning

*Describe switches, switch placement, and type of scanning.*

Other (If Other, describe.)

*Describe feature match with recommended access methods, settings, and accessories. Attach occupational therapy (OT) or physical therapy (PT) reports if relevant.*

<sup>13</sup>**Identify adaptations, accessories, or mounts if relevant. Describe feature match to identified options. Attach OT or PT reports if relevant.**

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**SECTION V - SUMMARY OF PROGRESS DOCUMENTED AS A RESULT OF TREATMENT OR TRIAL PERIOD (COMPLETE THIS SECTION IF “”YES”” IS CHECKED FOR EITHER ELEMENT 6 OR ELEMENT 7.)**

<sup>14</sup>**Provide details necessary to document how the member’s ability to communicate improved with the use of the SGD. Include documentation of the SGD trial period here. Documentation should target:**

- **How the member communicated at the start of treatment with the SGD.** Examples of documentation may include, but are not limited to: baselines of established goals, frequency and types of cues, activity selection, or activity structure for targeted SGD use.
- **How the member currently communicates with the device.** Examples of documentation may include, but are not limited to: measureable change from baseline performance, changes in frequency and types of cues, changes in activity selection or activity structure, examples of generated messages, interactions with caregivers/family members or school staff and care providers, or other situation implemented.

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## SECTION VI - SGD PURCHASE RECOMMENDATION WITHOUT THE NEED FOR SGD TREATMENT OR A TRIAL PERIOD (COMPLETE THIS SECTION IF “NO” WAS CHECKED FOR BOTH ELEMENTS 6 AND 7.)

*Note: Complete this section once the SGD and accessories (if relevant) have been matched to the skills and needs of the member and the member has demonstrated relevant skills using the SGD.*

<sup>15</sup>**Provide documentation of relevant skills for the member to use the SGD. Documentation should target:**

- **Relevant skills**, including language skills (for example, vocabulary, syntax), social skills (for example, communicative functions), and operational skills (on/off, navigation).
- **Relevant context requirements** (for example, frequency or types of cues), including examples of messages produced as part of completion of skills and needs profile. If relevant, include rationale for not requiring SGD treatment or a trial period to confirm recommendation (for example, degenerative diagnosis, history of using an SGD).

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## SECTION VII - SUPPORT FOR RECOMMENDED SGD AND DOCUMENTATION OF TREATMENT NEEDS

<sup>16</sup>**Document evidence that the family and/or team members are able to provide essential supports relevant to the SGD matched to the member’s skills and needs. Provide examples of use across environments with cue levels if applicable. (Communication logs kept during the trial period may be attached).**

*Home*

*School*

*Community*

<sup>17</sup>**Recommendations for SLP Treatment Following Placement of Recommended SGD (Select all that apply.)**

The member does not require SGD treatment following the placement of the recommended SGD. Provide rationale for why the member does not require treatment.

The member requires SGD treatment following the placement of the SGD to address communication needs, support participation in routines, or advance expressive language skills. Check all relevant items below and provide requested information.

*The member will receive needed treatment as part of school-based services. The current Individual Education Plan (IEP) is attached.*

*The member will receive needed treatment through a private or medical-based SLP and an updated treatment plan is recorded below. (An updated treatment plan may be attached.) The treatment plan should include long- and short-term goals, and anticipated frequency and duration of SLP treatment following the receipt of the SGD. The speech-language pathologist should include their plan for coordination of care with other providers.*

Other:

*Treatment Plan:*

**Note:** *If the member receives Birth to 3 services or school-based services, attach the IEP or Individual Family Services Plan (IFSP) to the purchase recommendation documentation.*

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**SECTION VIII - AUTHORIZED SIGNATURE**

<sup>18</sup>**Signature and Credentials** - Speech-Language Pathologist

<sup>19</sup>**Date Signed**

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