

FORWARDHEALTH
PRIOR AUTHORIZATION / SPEECH-GENERATING DEVICE SKILLS AND
NEEDS PROFILE ATTACHMENT

INSTRUCTIONS: Type or print clearly. Before completing this form, read the Prior Authorization/Speech-Generating Device Skills and Needs Profile Attachment Instructions, F-02494A. Providers may refer to the Forms page of the ForwardHealth Portal at www.forwardhealth.wi.gov/WIPortal/Subsystem/Publications/ForwardHealthCommunications.aspx?panel=Forms for the completion instructions.

The speech-language pathologist is required to complete the Prior Authorization/Speech-Generating Device Skills and Needs Profile Attachment form and the Prior Authorization/Speech-Generating Device Purchase Recommendation Attachment form, F-02493, or to submit a speech and language pathology (SLP) report documenting the same content as the two attachments. The speech-language pathologist is required to submit the completed forms or documentation to the speech-generating device (SGD) vendor with any additional required documentation attachments. The SGD vendor may submit the forms and any required documentation by fax to ForwardHealth at 608-221-8616 or by mail to ForwardHealth, Prior Authorization, Suite 88, 313 Blettner Boulevard, Madison, WI 53784.

SECTION I – MEMBER INFORMATION

1. Name – Member (Last, First, Middle Initial)

2. Member ID Number

3. Date of Birth – Member (mm/dd/ccyy)

SECTION II – SERVICE INFORMATION

4. Medical Diagnosis

5. Treatment Diagnosis

6. Member's / Family's Native Language

7. Is the member a dual language learner?

Yes No

If yes, specify languages. _____

8. Date(s) or Range of Dates Needed for Completion of the Skills and Needs Profile

SECTION III – BACKGROUND INFORMATION

9. Who referred the member for evaluation and why?

10. Briefly describe the member's living situation.

11. List the member's relevant medical history.

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12. 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.

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13. 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.

SECTION IV – CONFIRMING NEED FOR SGD EVALUATION

14. 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.

SECTION V – EVALUATION OF SKILLS RELEVANT TO COMMUNICATING USING AN SGD

15. 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.

16. 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.

19. 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 work setting, 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.

20. 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.

21. 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. _____

- 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. _____

Include additional information regarding the member's hearing status if applicable.

22. 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. _____

Include additional information regarding the member's vision skills if applicable.

23. 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. _____

Include additional information regarding fine motor status if applicable.

24. 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. _____

- 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. _____

SECTION VI – RECOMMENDATIONS

25. 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.

SECTION VII – AUTHORIZED SIGNATURE

26. SIGNATURE AND CREDENTIALS – Speech-Language Pathologist

27. Date Signed
