

AAC-RERC
SPREAD THE WORD

Health Benefits Program Funding of Speech Generating Devices

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Scope of Presentation

- 5 topics:
 - Who needs to know about funding?
 - Why is funding important?
 - How do funding programs decide what they will pay for?
 - What is *my* role in the funding process?
 - Where do I go for help?

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Who Needs to Know About Funding?

- Practicing Speech-Language Pathologists
- Students in Speech-Language Pathology
- Teachers & School Administrators
- Family Members
- Advocates

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Why Is Funding Important?

- Families can't buy SGDs on their own
- Knowledge about funding options allows proper assessment & treatment planning
- Knowledge about funding creates expectations about the outcomes clients can achieve through SLP intervention
- Knowledge about funding is the antidote for "learned helplessness"
- Knowledge about funding informs SLPs about requirements for assessment and reporting

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Why Is Funding Important?

- ASHA Code of Ethics
 - Principle 1: Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally . . .
 - Rule of Ethics: [B] *Individuals shall use every resource*, including referral when appropriate, to ensure that high quality service is provided.
- "including referral when appropriate"
 - As a practical matter, *only* the SLP will be able to help clients
 - Yes, funding is a burden, but . . .

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How Does Funding Work: What Do SLPs Need to Know?

- Health Benefits Programs that Cover & Provide SGDs
 - Medicaid
 - Medicare
 - Insurance
 - Tricare
 - Department of Veterans Affairs

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Remember: SGDs Are *NOT* “Assistive Technology”

- Health Benefits Programs Generally Do Not Recognize “assistive technology”
 - IDEA and Vocational Rehabilitation use “assistive technology,” not health programs
- Cover “Durable Medical Equipment”
- Cover “Prosthetic Devices”

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Will SGDs Be Provided?

- All Health Benefits Programs follow a 4 Question Test:
 - 1 Is the person “eligible?”
 - 2 Is the item or service “covered?”
 - 3 Is the item or service “medically necessary?”
 - 4 Does the request meet any special eligibility or coverage rules that may apply?
- **Must show that 1-4 are “yes.”**

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Eligibility

- No Universal Health Benefit
- Medicaid: poor, disabled
- Medicare: 65 or older
 - < 65: prior work + disability + 24 month wait period (except ALS)
- Tricare: active duty military or retiree or dependent
- Insurance: must be covered by policy or plan

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Coverage

- No Universal Benefits – item sought -- SGD -- must “fit” within *one or more* covered benefits categories
- DME – most common “equipment” benefit
- Prosthetic Devices
- Medicaid: also consider: EPSDT; OT/PT/SLP Services; ICF/MR; NF Services

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Coverage

- Does the funding program have specific SGD Coverage Policy or SGD Coverage Criteria?
 - Most Medicaid programs
 - Medicare
 - A few insurers
 - Tricare
- When policy or criteria exist, coverage is not a key question, but policy conditions must be met to obtain funding

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Durable Medical Equipment

- If no coverage policy, must show item or service “fits” definition of DME
- No universal definition
- Most Common:
 - able to withstand repeated use
 - is primarily and customarily used to serve a medical purpose
 - is generally not useful to a person in the absence of illness or injury
 - is suitable for use in the home.

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SGDs are Durable

- Criterion: “able to withstand repeated use”
- Generally, not controversial
- Key statements in reporting:
 - Device is expected to be used daily for a period of years;
 - Device is designed to withstand years of daily use;
 - Device has a rechargeable battery to permit ongoing daily use;

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Medical Purpose: SGDs

- Medical purpose = treatment for a condition or disability
- This is the most common excuse to deny SGDs
- SGDs “treat” severe communication impairments:
 - Dysarthria
 - Apraxia
 - Developmental Expressive Communication Impairment
 - Aphasias
 - Aphonia

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Medical Purpose: SGDs

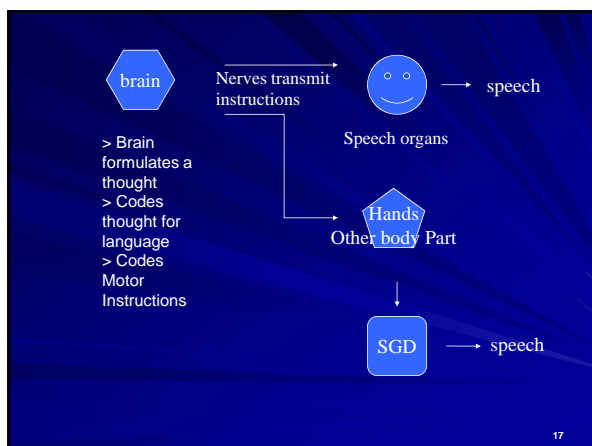
- Criterion: “Primarily & Customarily Used to serve a Medical Purpose”
 - SGDs serve **only** a medical purpose
 - SGDs *treat* severe communication impairments that interfere with meeting communication needs arising in the daily activities.

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Medical Purpose: SGDs

- Proof: information exists about specific conditions:
 - CP; Autism; ALS
- Proof: Functional Gap – Receptive Language vs. Expressive Language
- Proof: Communication related anger, frustration; depression; self-injurious behavior
- “but for” or “solely because”
- “Use” does not equal “need”
 - Educational, vocational, social “need”
- SGDs Serve the same functional role as Wheelchairs

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Medical Purpose: SGDs

- Medical Purpose Confirmed by Other Programs:
 - Medicare
 - Medicaid
 - Food & Drug Administration
 - Insurers with SGD Coverage Policies:
 - Aetna
 - Blue Cross/Blue Shield of California
 - Care First Blue Cross of Maryland
 - Harvard Pilgrim Health Plan
 - Look at Past Insurer Approvals

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AAC Devices are not useful in the absence of illness or injury

- Normal Speech occurs at 150-200 wpm; SGD use is at best 10% as fast
- Speech is faster and more flexible than any other method of communication
- SLP evaluation considers other types of interventions first, before AAC interventions;
- Many SGDs are “dedicated:” they all have no other uses

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Prosthetic Devices

- SGDs are Prosthetic Devices:
 - Tricare – by statute (only federal statute that mentions SGDs as covered benefits)
 - Dept. of Veterans Affairs
- No universal definition
- Medicaid: “means replacement, corrective or supportive devices ... to:
 - 1 artificially replace a missing portion of the body
 - 2 prevent or correct physical deformity or malfunction; or
 - 3 support a weak or deformed portion of the body.”
- Medicare: “(1) devices that replace all or part of an internal body organ”; (2) “devices that replace all or part of the function of a permanently inoperative or malfunctioning internal body organ”

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Medical Need: SGDs

- No Universal Definition
- NY Medicaid:
 - “Medical assistance” shall mean payment of part or all of the cost of **medically necessary** medical, dental and remedial care, services and supplies, ..., which are **necessary to prevent, diagnose, correct or cure** conditions in the person that **cause acute suffering, endanger life, result in illness or infirmity, interfere with such person’s capacity for normal activity, or threaten some significant handicap**

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Medical Need: SGDs

- Medicare: “Reasonable & Necessary”
 - Medicare is prohibited from making payment under Parts A or B for any items or services “which ... are not reasonable and necessary for the diagnosis or treatment of an illness or injury or to improve the functioning of a malformed body member.”

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Medical Need Documentation

- SLP Assessment & Report Will Explain Impairment Related Functional Effects
 - Explains how current daily communication needs are not being met by current communication methods
 - Shows impact on daily “functional speaking needs” [RMRP (SGD definition)]
 - Shows impact on “daily communication needs” [RMRP (Assessment item 1(b))]

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SLP Report for Medicare Funded SGD

- The Medicare RMRP for SGDs describes the components of the required SLP assessment and report that must be produced to support the SGD recommendation
 - The RMRP is reproduced at: <http://www.aac-lerc.com/pages/medicare/RMRP.htm>
- The Medicare RMRP should be considered a standard assessment outline for all funding programs, unless a specific format is stated by the program.

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SLP Assessment & Report Tools

- 2 Tools have been produced to help SLPs conduct the assessment and prepare the report required by Medicare.
 - **Assessment/Application Protocol:** provides a detailed review of the data required, common means to obtain the data, and sample reports and report language for each section of the SLP assessment listed in the RMRP. The "protocol" was developed by the Medicare Implementation Team" whose members include the SLPs who persuaded Medicare to cover SGDs.
 - The Assessment/Application Protocol can be found at:
 - <http://www.aac-lerc.com/pages/medicare/MCAppProtocol.htm>

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SLP Assessment & Report Tools

- **AAC Report Coach:** provides a template for the SLP to quickly turn the data gathered in the assessment into a complete report that meets Medicare's expectations. It is designed to allow the SLP to complete the report within 20-30 minutes. The AAC Report Coach was developed by Pam Mathy, Ph.D., Clinical Director, Arizona State University, who also serves as a member of the MIT, and was one of the SLPs on the Medicare work group.
- The AAC Report Coach *will be posted at:*
 - www.aac-lerc.com which is scheduled for launch in December 2005. Until then it will be provided upon request to lgolinker@aol.com

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Medical Need Issues: SGDs

- Medical Need arises when an individual, due to severe communication impairment, is not able to meet **all communication needs arising in all daily activities**
- Medical Need is not "medical speak"
 - "Need" is not measured by *who* (is spoken to), *where* (speech occurs), or *what* (is said).
- AMA, AAN, AAPMR all say SGDs are effective, medically necessary treatment
 - See www.augcominc.com (what's new; scroll to entry for April 2000)

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Special Eligibility Rules

- Look within eligibility for benefits
 - E.g., age; place of service restrictions
- Look within Coverage Policies
 - E.g., dedicated speech generating devices
 - "Forever dedicated" SGDs
- Look at "Exclusions"
 - E.g., express exclusions
 - E.g., "convenience items"

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Age or Place of Service Limits

- Some benefits are limited by recipient age: e.g., Medicaid – EPSDT (only to 21st birthday); other "optional" services
- Some benefits are limited only to recipients with certain status: e.g., Tricare, before Sept. 1, 2005 SGDs were covered only for dependents of active duty personnel (new rules went into effect on 9/1/05)
- Some benefits are limited by where the recipient lives, e.g., Medicare – DME is not a covered benefit for NF residents
- Some benefits are limited by enrollment in special services, e.g., Medicare – DME is not a covered benefit for hospice recipients

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Dedicated "Speech Generating Devices"

- Medicare insists that computer and PDA based SGDs be "dedicated"
- "Dedicated" means able to run only SGD software (not a meaningful limitation in practice)
- Only NY Medicaid has made "non-SGD functions" and "lock/unlock" an issue

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Exclusions

- Insurance – typically states many exclusions, but they must be express – they must state clearly that specific type of device is excluded; if not clear and precise, exclusion is not enforceable
 - E.g., “convenience items”

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SGDs are not “Convenience Items”

- Communication is “vital” human functional ability
- Communication is the functional ability that distinguishes humans from other species
- Communication Impairments create life-death risks

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What Is My Role: How Do SLPs Participate in SGD Funding?

- SLPs Document Coverage & Medical Need:
 - Health Based funding programs generally require 2 SLP documents to support an SGD Funding Request:
 - SLP Report
 - Doctor’s prescription
- Identifies Client Funding Sources

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If Denied: Appeal

- All funding programs offer appeal opportunities
- Appeals should be considered in every denial circumstance
- Advocates should be sought in every circumstance

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SLP Funding Resources

- AAC-RERC
 - SLP Assessment Protocol
 - Medicare FAQ
 - Telecommunications Equipment Distribution Programs
 - Soon: portal to funding information for all health based programs
 - www.aac-rerc.com
- Augmentative Communication, Inc.
 - *Formal Request* submitted to Medicare
 - *AMA, AAN, AAPMR* letters supporting SGD effectiveness and medical need
 - www.augcominc.com

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Advocacy Resources:

- Assistive Technology Law Center:
 - 401 East State Street, Suite 300
 - Ithaca, NY 14850
 - 607-277-7286
 - Lgolinker@aol.com
- Neighborhood Legal Services
 - www.nls.org

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“The day Will got his communication device was as important as the day he was born: one gave him life; on the other, he became a whole person.”

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For more information on funding for AAC devices please visit
<http://aacfundinghelp.com>

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Webcast Production Team

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