



Agenda/Objectives



- Will be able to describe different funding sources for acquiring a speech generating device.
- Will be able to understand and use funding specific vocabulary when writing reports.
- Will understand the needed information for report writing.
- Will be able to understand and take steps to overturn denials.

Different Funding Sources



- Private Health Insurance
 - Regence, Premera, Aetna, Kaiser, United Healthcare
- Federal Health Insurance
 - Tricare, Federal Blue Cross Blue Shield
- Public Health Insurance
 - Medicare
 - Medicaid
 - Medicaid MCOs (Managed Care Organizations)
 - United Healthcare, Molina, Apple Health
- Grant Funding
- WA state DDA (Department of Developmental Disabilities Administration)
- Vocational Rehabilitation
- Telecommunications Equipment Distribution Programs (EDPs)
- Out-of-pocket
- Public Schools

Ask the Family



- What health insurance does your child have?
- Does your child have a secondary insurance?
- Do you have other sources of funding such as DDA?

Private Health Insurance



- Several different types such as an employer sponsored plan or individually purchased plans on the exchange.
- Suggest that families get a copy of their policy or plan, specifically Durable Medical Equipment (DME) coverage, Speech Generating Device (SGD) coverage and exclusions – Don't just call!
- Generally speaking, private health insurance will coverage 60-80% (I've seen 20% coverage all the way up to 100%) with remainder family's responsibility (copays and deductibles).
- None of this stops me from submitting but imperative to have the conversation with families and to suggest alternative funding sources.

Federal Health Insurance



- Tricare and Federal BCBS both cover SGDs.
- Historically, there have been changes to both these policies.
- Currently, no issues BUT if denied, could be indication of a larger problem.



Public Health Insurance

- Medicare – Typically adults age 65 and older (but can be for younger).
- Medicaid – Typically pediatric population and/or child with disability.
 - Requires specific paperwork (forms HCA 15-310 AND HCA 13-794).
- Medicaid MCOs
 - Small differences but doesn't effect what you do (same quality of care for every child/adult independent of the insurance they have).

How are Medicare and Medicaid Different?



Item	Medicare	Medicaid
Enacted by Congress	1965	1965
Alternate Program Name	Title XVIII	Title XIX
Eligibility	Not Income Based: Age (all Persons 65 and older are eligible); younger persons are eligible based on disability or specific condition,	Income based; all ages are eligible
Exclusivity	[Dual Eligibility for both programs is possible]	
Premium Required for Enrollment	Yes, for Medicare Part B services, which include durable medical equipment	No for some individuals, others have a "spend-down" requirement each month to be eligible
Administered by	Federal Government with Sub-contractors who make claims decisions for medical services (fiscal intermediaries) and for DME and prosthetic devices (regional carriers). Also uses managed care organizations	State Governments subject to federal regulations and guidelines Also uses managed care organizations

How are Medicare and Medicaid Different? (continued)



Are AAC Evaluations Covered?	Yes, as an SLP service	Yes, for all children who are eligible nationwide; adult coverage of evaluations depends on whether states cover SLP services for adults (optional benefit)
Are SGDs Covered?	Yes, as durable medical equipment	Yes, as durable medical equipment
Is AAC Training Covered?	Yes, as an SLP service	Yes, for all children who are eligible - nationwide; adult coverage of evaluations depends on whether states cover SLP services for adults (an optional benefit)
Is SGD Repair Covered?	Yes, after expiration of warranty	Yes, after expiration of warranty
What documents are required as part of a claim?	SLP report; doctor's prescription; payment or co-payment from beneficiary; other forms also required	SLP report and doctor's prescription
Claims are submitted by:	Manufacturer/supplier	Manufacturer/supplier

**Yes, AND...
Client Info Form
AOB
Copies Ins Cards
Dr. Notes
Dr. referral**

SGD Vendors are our biggest allies!!

Grant Funding



- Ben's Fund - requires autism diagnosis (<http://bensfund.seahawks.com/>)
- Apraxia Kids – requires apraxia diagnosis (<https://www.apraxia-kids.org/speech-tablets-for-apraxia/>), limited yearly submissions
- Jordan Fund – <https://jordanfund.org/>, e.g. remodeling your bathroom, acquiring adapted seating, hippotherapy, camps, coverage for a Surface Pro and switches (now vendors have this option)
- SLP writes report, gives to family to submit to the grant, family fills out grant forms and submits.

Developmental Disabilities Administration (DDA)



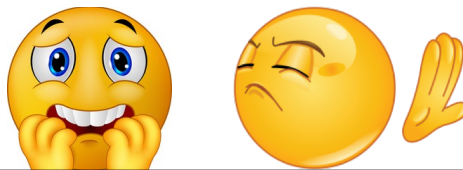
- <https://www.dshs.wa.gov/dda>
- Eligibility - <https://www.dshs.wa.gov/dda/consumers-and-families/eligibility>
- Discuss with families pros/cons of using this resource for SGDs.
 - Tends to be between ????
 - Money for services typically are not covered by Medicaid.
 - SLP writes report, gives to family to submit to DDA case manager.



Other Funding Sources



- Vocational Rehabilitation, <https://www.dshs.wa.gov/dvr>
- <https://www.dshs.wa.gov/dvr/assistive-technology-services>
- Telecommunications Equipment Distribution Programs (EDPs), <https://www.dshs.wa.gov/altsa/odhh/telecommunication-equipment-distribution-ted-frequently-asked-questions>
- <http://provail.org/what-we-do/therapy-clinic/>
- Out-of-pocket
- Public Schools



Schools



- Schools are a possible SGD funding source (FAPE, IDEA).
- SGDs and related services (such as AAC training) are considered “Assistive Technology Services” and are specified in the law.
- Once a team decided an SGD is appropriate, the school has a *substantive duty* to “acquire” and “provide” services and to “integrate” these into the IEP.

BUT

- Schools are not required to pay for a needed SGD.
- Schools are not the most likely source for SGD funding.
- Schools are not the best source of SGD funding.

Schools (continued)



- Schools must be an SGD funding source when no other funding sources are available.

BUT

- Schools can use other funding sources, so not to dip into school resources.
- If schools want to use other funding sources, they need family consent to ensure the family will not incur any out-of-pocket costs.

Furthermore...



HEALTH INSURANCES CAN NOT DENY CLAIMS SUBMITTED BY SCHOOL PERSONNEL

- Medicaid and other public benefits programs may not alter their scope of coverage or their eligibility criteria in any way that changes the benefits available to a person with disabilities just because they are school aged.
- Medicaid cannot refuse to provide services otherwise covered because they are stated in the student's IEP.
- Private health insurance cannot refuse to provide care that would otherwise be provided to someone not effected by IDEA.

Summary



- Which funding source is the most straightforward path to yes?
- Which funding source will make the decision the fastest?
- Which funding source will pay the most?

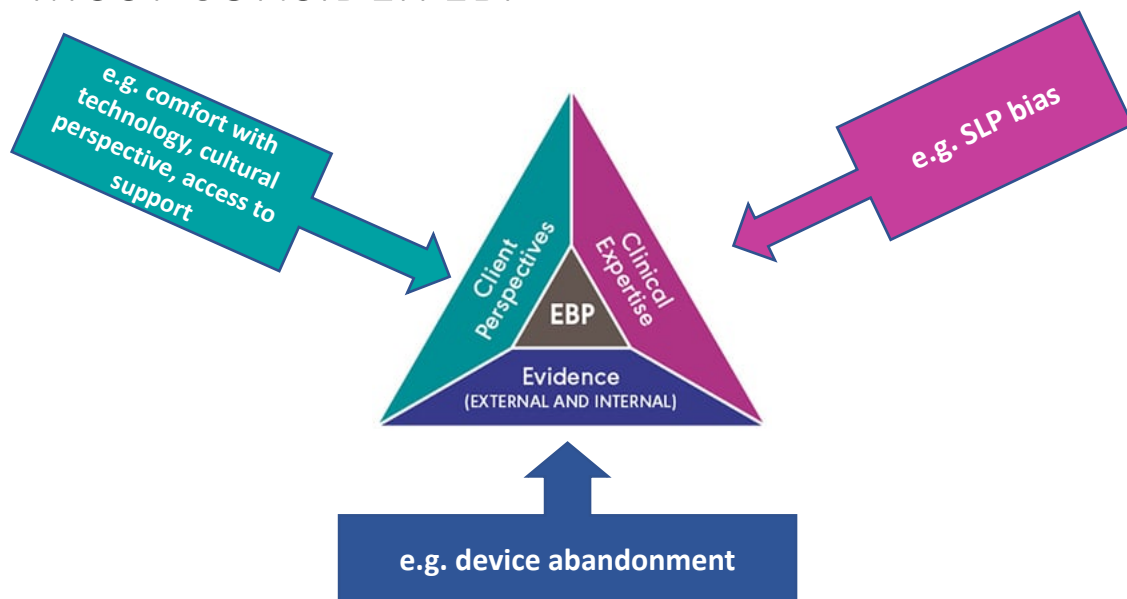
- What is the purpose of obtaining this equipment?
 - Health insurance funding – Dedicated SGD – for communication only
 - Grants/DDA – tablet – more flexibility – e.g. visual supports

Summary



- Collaboration between family, medical and educational systems.
- Explain retail cost of dedicated device versus out of pocket.
- Explain differences between family owning the system versus school owning the system, having two systems vs. one.

MUST CONSIDER EBP



Report Writing



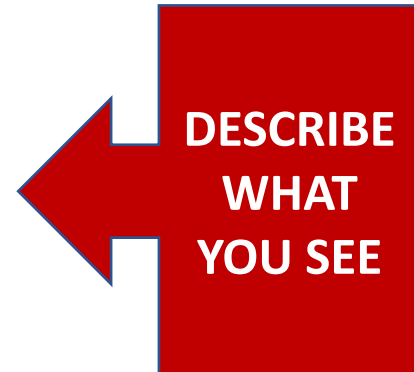
- What do I write?
 - All SGD vendors have templates.
 - Some vendors will review report, provide suggestions, what is missing, what to change, etc.
- Terminology in your report depends on the funding source:
 - Schools or Voc. Rehab.: “rehabilitation technology” “assistive technology”.
 - Health insurance: “durable medical equipment” “dedicated speech generating devices”.
 - WA state DDA: Communication in the context of “activities of daily living”.
 - Telecommunications equipment: “specialized telephone communication equipment”.
- For health insurance coverage, try to keep the words “school”, “classroom”, “education” out of narrative. Do not use “iPad”, “tablet” or “computer”.

Report Writing - Augmentative Alternative Communication Report



- Basic Client Information
- Evaluation site/evaluator Information
- History and Medical Background
- Gross and Fine Motor Status
- Hearing and Vision Status
- Oral Motor / Eating Status
- Current Communication Status
- Family/Clients Concerns

- Assessment
- **Behavior (statement of participation, sensory state, validity)**
- Communication Assessment
 - Speech / Speech Intelligibility (voice, fluency as needed)
 - Expressive Language
 - Receptive Language
- Cognitive Assessment (relating to AAC)
 - Statement of Memory, Attention, Engagement
 - Symbol Recognition
 - Literacy (Reading/Writing)
- Motor Assessment (relating to AAC)
 - Access
 - Mobility/Seating
- Vision Assessment (relating to AAC)
- Hearing Assessment (relating to AAC)



- Daily Communication Needs and Limitations of Current Methods of Communication
- Rationale for Device Selection (**Features/AAC System Characteristics**)
- **AAC Systems Considered and Ruled Out (why won't less costly treatments work)**
- Trials with Equipment (what did you try, for how long, where, with whom, results, **4 weeks**)
- Summary (**specific to the patient, the patient is a person**)
- Recommended SGD and Accessories
- Functional Communication Goals (**with criterion**)





- **Medical Justification (add information that supports using SGD as medical necessity,**
 - The patient's medical condition is one resulting in a **severe** expressive **speech** impairment.
 - The patient's speaking needs cannot be met using natural communication methods.
 - **Without an SGD, patient cannot communication with anyone, at anytime, in any location, on any topic).**
- **Treatment Plan**
 - Client support
 - Physician's involvement
 - **Initial and on-going training**
- **Statement of Non-conflict**
- **Signature with Credentials and Date**

DENIALS ARE NO BIG DEAL!!!



APPLICATION DENIED



Denials: Now What?

- Get the denial in writing.
- Address the specific issue as stated in the denial, no more, no less.
- If needed, look at the specific policy for DME and SGD coverage or exclusions (specific to private insurance only).
- If indicated, change your wording to address the denial.
- Sometimes, insurance will just “pick on” something you have already stated well. Just restate.
- Follow the appeals process as described in policy/plan.



Denial Letter from Insurance

Specific Reason(s) for Denial

The criteria must be met to approve this request. One of the criteria include having a full exam done by a speech therapist (called a speech-language pathologist or SLP). There must also be notes to show support of extended care while using this device. This includes a treatment plan after the initial sixty days. The notes sent to us do not provide this. Other criteria include notes showing there is no other equally effective (more conservative or less costly) treatment (or items) available. This includes notes of other options tried and ruled out. The notes show you only trialed the products of one company. This is not sufficient evidence that other company devices would not be effective and less costly. The criteria are not met. This is why the request is denied.

- Full exam done by a speech therapist.
- Notes to show support of extended care while using this device.
- A treatment plan after the initial sixty days.
- No other equally effective (more conservative or less costly) treatment available.
- Notes show you only trialed the products of one company.

Summary



- Understanding the different funding option helps to make decisions regarding how to fund a speech generating device.
- For any funding source, you are still required to write a report. What you recommend as documented in your report should match the funding source “terminology”.
- As a school provider, you can and should try to seek alternate funding.
- With the exception of being time consuming, submitting an appeal for a denial isn’t hard, instructions are providing on the denial letter.
- Involving families, therapists and school personnel is imperative and is evidence-based. Please involve families in the decision making process!!



References



- Overview of Health Based Funding Programs, Lew Golinker, Esq. <http://aac-lerc.psu.edu/index-46338.php.html>
- Center for Medicare and Medicaid Services <https://www.cms.gov/>
- Medicare Funding for AAC Technology - <http://aac-lerc.psu.edu/index.php/pages/show/id/5>
- Report guides: www.tobiidynavox.com/en-US/funding-AAC/additional-resources/
- Report templates PRC-Salttillo: <https://www.aacfunding.com/templates-samples>
- Report guidelines: https://www.forbesaac.com/files/ugd/2b2e96_eb70af4e5d104cbc867f30e169ebbc89.pdf
- <https://aac-lerc.psu.edu/index.php/pages/show/id/21>
- lewis.golinker@aacfundinghelp.com – Lew Golinker, Esq. Assistive Technology Law Center, <http://aacfundinghelp.com/contact.html>

<https://forms.gle/cUFyQBmUaV5t9fLN8>