

AAC Advocacy

Insurance Funding for Tablet-based SGDs

Patricia L. Mervine, M.A., CCC-
SLP (retired)

PaTTAN, March 24, 2020

Introduction

- My background
- Change in caseload
- Change in speech-generating devices



Handouts and slides for this presentation:

www.bit.ly/SGD_Funding

Objectives

- Know for whom and when to go through insurance
 - How to write a successful AAC report
 - Know the law and resources
 - Winning an appeal
-
- Please enter your questions at any time on the question tab. I'll provide answers at the end of the presentation.

When to pursue insurance coverage for SGDs

- Parent request
 - Student may be moving
 - Parent wants ownership
- Age of student
 - Preschool
 - Approaching graduation
 - Aging out of 18-21 program

When the school district generally provides the SGD

- When the student is in K-12th grade
- When the child is in preschool

Preschool is a gray area re: district-funded devices

- At BCIU #22, the trend is to go through insurance
 - Device belongs to the student – seamless transition regardless of where they go for K
 - Parents can be more involved in programming
 - Parents/students have more control as to size, case, color, other apps, etc.
 - Obtaining the SGD can be quicker through insurance
- BUT the School-Based Access Program is an option! (more about that later)

Reasons to recommend district provision of the SGD:

- Child doesn't have MA
- Parent refusal
- MA request has been denied and is appeal
- Too close to transition to K and insurance process can't be completed in time
- More trials are recommended
- Child may only need the device for a short time
- Child's needs change frequently

What SGDs are typically covered by insurance without a hassle:

- DEDICATED SGDs from in-network suppliers

When to expect a fight:

- DEDICATED SGDs from out-of-network suppliers
- Any SGD built on an iPad platform

The SGD of choice at BCIU

#22

- ACCI Choice Communicator from ACCI
 - Versatile options in size, software, case
 - Excellent customer service
 - Loaner devices available
 - Since my epic battle, these are routinely funded without hassle by MA in PA
 - May take 30 days if there is a primary insurance
 - 2-4 days turn-around if MA is sole insurance

Before you can go through insurance:

- Must have at least 3 trials with other AAC systems
 - Other SGDs
 - Sign Language
 - PECS
 - Communication boards
- Must have data and/or strong anecdotal information to indicate success/failure with each

Parents should be involved in the trial process

- Invite parents and team to the initial SETT meeting
 - If this treated as an IEP meeting, be sure the LEA and regular education teacher are included.
 - Note in the IEP that trials with various AAC systems will be conducted and give timeline
 - ALWAYS give the LEA a heads-up prior to the meeting on what will be discussed

At the meeting, parents go first.....

- Ask parents to tell you about their child
 - Interests, preferences/dislikes
 - Behaviors – what, when, why
 - Communication modes tried in the past
 - Pros/cons of each
 - Current communication mode(s) used at home
 - Current communication partners and contexts
 - Parent desire for improved communication – what would this look like?

Teachers, Therapists, and Paras go next....

- Student's strengths, needs, and obstacles re: communication
 - Vision, hearing, sensory, motor, cognitive, language, behavior concerns
- Current mode(s) of communication used in school
 - Pros/cons of each
- Desire for improved communication: what would this look like?

TAKE GOOD NOTES!

- I keep a notebook for this purpose, including the date and attendance (sign-in sheet)
- As each person shares salient information, I note in the left margin next to each quote: P (parent), T (teacher), SLP, OT, PT, IA, etc.
- This info will be eventually be woven into the AAC report for insurance

My turn...

- As the AT Consultant, I facilitate the meeting but save my comments for last.
- Summarize what has been said
- Make suggestions as to what might be tried at home and at school
- Describe features of possible AAC systems that could be trialed and elicit feedback from team
- Assign responsibilities for obtaining trial devices
- Determine team needs for training and programming when trial devices are available
- Set a timeline for trials, with a follow-up meeting at the end of the trial period.

Conduct the trial per the SETT process

- Team should be gathering solid data and anecdotal evidence during each trial
 - Use one of many premade data forms or create your own.

At the conclusion of the trial...

- Invite parents and team to a meeting (again, typically an IEP meeting with LEA and regular ed teacher)
- Have team members share their data and anecdotal evidence
- Have samples, devices, or printed info about the AAC systems that were tried so parents are fully informed

Is there enough info to make a decision on what AAC system the student should get?

- If so, open the discussion about how it will be funded (district or insurance).
 - ALWAYS give the LEA a heads-up prior to the meeting about the SGD you will likely be recommending!
- If not, recommend further trials with other systems.

Assuming an iPad-based device is recommended AND assuming that the decision is to go through insurance:

- Start gathering information needed for an insurance submission.
- This same procedure will be used if the student is already using an iPad-based SGD provided by the district and will lose that device (or it will be too old) when the student graduates or ages out.

At the follow-up meeting, ask parents for:

- Copies of BOTH SIDES of ALL applicable insurance cards
 - If the student has insurance through parent's employer, that will always be primary; Medical Assistance will be secondary

At the follow-up meeting, give the parents the Insurance Submission Worksheet, to be filled out as completely as possible and returned to you ASAP.

You will get some of this info yourself when the form is returned.

This info will be used in the AAC report and the Assignment of Benefits form from ACCI.

- Demographics for student and parent/guardian who carries the insurance
- Primary/Secondary diagnosis and ICD 10 Codes (you can look this up online), and date of onset
- Primary/Secondary insurance company name, ID #, address, phone, fax, and name of policy holder
- Physician's name, address, and phone #
- Physician's state license #, Medicaid Provider #, UPIN/NPI # (you can call the office to get this information; not all doctors will have all of these)

Explain to the parents that denials are typical, so appeals may be necessary.

- At the meeting or shortly after, give the parents an authorization letter to sign, allowing you to deal with the insurance company on their child's behalf.
- Keep the letter on hand in case you need it.

AAC Advocacy

[Insurance Co. name and address]
[Date]

Re: [student name)
Member ID: [student insurance #]

To Whom It May Concern:

This letter is to authorize [your name and credentials], from [IU, district, or agency], to act on my [son/daughter's] behalf in writing, in person, and in phone conversations with representatives of [insurance company], the Department of Human Services, and all others throughout the process of obtaining an ACCI Choice Communicator Dedicated Speech Generating Device [or other tablet-based device] with [name of app, but don't use the word "app"] software and a [specify type of] case.

[You] can be reached at [phone] and at [email]. Please send all related correspondence to [you] at [desired address].

Thank you.

[signed by parent]

cc: [your name]

[physician's name]

Begin writing a successful AAC report, using...

- Your detailed notes from the SETT meetings
- Data and anecdotal evidence collected during the trials
- The student's latest RR and IEP
- The Insurance Submission Worksheet

Resources for Report Writing: the Funding Section of

- ACClinc.com
- TobiiDynavox.com
- Prentrom.com
- Forbesaac.com
- AACfundinghelp.com

- For this webinar, I will use a report template that I adapted from ACCI and that has been modified for preschool by Caitlin Brown and Nicole Glenn of BCIU #22

Disclaimer.....

- Maybe you can get to approval with less effort
- I tend to be much more thorough (wordy) as an attempt to ward off denials from the outset.

AAC Report Elements:

- ON LETTERHEAD, begin with

Augmentative Communication Evaluation

Demographic Information:

Name:

Address:

Primary Contact(s):

Primary Medical Diagnosis:

Insurance:

Physician:

Speech/Language Pathologist:

Date of Evaluation: (date of report)

Date of Birth:

Phone:

Date of onset:

Member ID #:

Physician Fax:

A. Current Communication Impairment and Background Information:

Write a descriptive paragraph or two similar to this:

[Student] is a five-year-old preschool student who is diagnosed with Autism. [Student] has received services through [program], since [date] due to delays in cognition, communication, social/behavioral, and adaptive skills. [Student] has no history of frequent illnesses or infections, and no history of surgeries or hospitalizations. There are no current health or medical concerns.

[Student] continues to present with a severe expressive/receptive speech and language impairment. He attends an autistic support classroom. Despite several years of speech and language therapy, speech skills for functional communication are extremely limited. Augmentative communication devices were considered and speech generating device (SGD) trials were initiated to help improve [Student]'s overall functional communication skills. [Student] has been trialing his current trial communication system, on a loaner basis, since [date].

B. Anticipated Course of Impairment:

Write a descriptive paragraph or two similar to this:

Given the nature and severity of [Student]'s communication disability, no significant increase in verbal communication skills is anticipated in the foreseeable future. [Student] requires speech/language pathology treatment for expressive communication in the form of an SGD, recognized as Durable Medical Equipment that is appropriate treatment for persons with severe communication disorders who are unable to meet daily communication needs with natural communication methods.

C. Current Functional Status:

Be very detailed as you describe each section as it relates to the student's ability to need and/or use the features of the recommended device. Keep in mind communication contexts and partners in school, home, and community. Be sure to include specific examples of behavior incidents related to communication (from your SETT meeting notes). If there are no concerns in an area, state that this faculty is sufficient for need/use of the device.

Hearing:

Vision:

Physical:

Language:

Cognitive Skills:

Behavior:

D. Specific Daily Communication Needs: Throughout the day, in all settings, [Student] must be able to perform multiple functions of communication, including but not limited to:

- Greet, gain and maintain attention appropriately
- Make specific choices and requests, including asking for help when needed
- Engage in social and work-related conversations
- Share specific information with parents, caregivers, & medical staff about health/ safety
- Ask and answer questions
- Direct the actions of others
- Express opinions, affirmations, and refusals
- Repair misunderstandings
- Participate in decisions and exercise self-advocacy

E. Ability to Meet Communication Needs with Non-SGD

Approaches: (give specific examples of everything that has been tried in the past and why those modes are insufficient for functional communication, as suggested in the following)

- **Reasonable Trial of Speech Therapy**

- [Student] has been attending a (special education program) since (date). Within this program, he has been receiving speech language services for one hour per week.
- Functional speech as a primary mode of communication is not an option for [Student] at this time, despite several years of speech and language therapy. He continues to demonstrate a significant delay in expressive communication skills. (Cite diagnosis and other factors that limit speech production).

(continued)

- **Sign Language**

- American Sign Language would limit [Student] to communicating only with those who are familiar with American Sign Language.
- [Student] is not a part of the Deaf Community, which would allow him to be immersed in American Sign Language. He does not have access to language models via American Sign Language.
- [Student]'s family and peers are not fluent in American Sign Language. Using American Sign Language as a primary form of communication would limit [Student]'s access to communication with peers and other people in the community.

(continued)

- **No-Tech and Light-Tech Communication Systems**
 - [Student] has a history of using a picture exchange communication system (PECS). [Student] was able to successfully exchange several symbols, but did not have access to the amount of vocabulary that is needed to continue to develop language at an appropriate pace for his needs.
 - Communication boards are far too limiting, as they do not provide access to the number of messages that [Student] needs.
 - Picture communication books can become heavy and cumbersome as more vocabulary is added to the book. Pieces may also be lost. Without a large number of vocabulary symbols, [Student] would be unable to continue to increase communication to work toward age-appropriate skills. Having an appropriate number of vocabulary symbols would cause a paper-based system to become too large and heavy, limiting its portability.

(continued)

- Keeping the book lightweight and portable, with only a small number of vocabulary concepts, limits [Student]'s access to the amount of vocabulary needed to use a variety of parts of speech and combine vocabulary to increase sentence length.
- Paper based communication systems would not allow [Student] to communicate with partners who are not immediately adjacent to him, as they do not have speech output.
- Paper based communication systems require the communication partner to either be literate, or to be familiar with the symbol set. Being that [Student]'s peers are non-literate preschool aged students, they are unable to read the words on a paper based system in order to understand [Student]'s message. Many of [Student]'s same aged peers are also not familiar with symbol sets used for light tech communication systems, also limiting [Student]'s potential communication partners.

F. Trials with Speech Generating Devices:

- [Student] has been trialing the current communication system since September, 20xx.
- The ACCI Choice Communicator with Proloquo2Go and Grip Case was selected to trial with [Student], based on its light weight, portability, built in handle, protective case, ability to customize programming including photos/symbols and number of items per display, and ability to use templates to program both core and fringe vocabulary on the same page.
- [Student] is highly motivated by technology.
- [Student] has demonstrated the ability to combine core and fringe vocabulary. (give examples)
- He requires some verbal prompts, but does not require any physical prompts. (give examples)
- The team has already adjusted the number of symbols visible per display in order to give [Student] access to more vocabulary as he demonstrated language growth and increased independence and familiarity with the trial device. (state # and size of symbols per screen)

(continued)

- [Student] is able to use his finger to directly select on the screen.
- Using customized core vocabulary templates allows [Student] to increase his sentence length with less page navigation.
- [Student]'s vocabulary on his trial ACCI Choice Communicator with Proloquo2Go is organized according to context.
- Having core vocabulary templates also allows [Student] to form a motor plan for creating sentences.
- [Student] is able to navigate through 3 screens to generate novel (#) word sentences to participate in (contexts).
- [Student] is able to generate messages to adults and peers that perform the following communicative functions (list these).

Other High Tech Trials

- Other speech generating devices, such as (name them), were tried with [Student] but were found to be inappropriate for [Student] because (explain deficits, weaknesses, concerns).
- Other software applications (name them) were also considered for [Student], but were found to be inappropriate for [Student]'s needs/abilities because (explain).

G. Length of Trial: [Student] has been using the current trial communication system for (#weeks/months).

H. Features of Recommended SGD and Accessories and Rationale for Selection: Trials held with low- and high-tech SGDs and no-tech AAC systems proved that [Student] communicates most effectively with a picture-based, dynamic display device with voice output. Features that matched [Student]'s needs:

- **Screens can be adjusted** from 9-144 cells: allowing for flexible programming
- **Screens are backlit:** easy to see in a variety of environments
- **Cells can be color-coded** with high contrast for easier visual access and comprehension
- **Built-in camera:** needed for personalizing vocabulary with photographs of familiar people, places, and items
- **Access to the Internet:** needed for backing up and updating the device and app programming
- **Built-in symbol set:** needed because [Student] is not able to read
- **Dynamic display:** needed to provide [Student] with access to many messages relating to multiple environments and communication needs, and allowing [Student] to be independent in getting to his/her message selections

(continued)

- **Voice output:** needed to help [Student] self-monitor his selections and to communicate with adults and peers who are not in close proximity
- **Protective case with stand, handle, and carrying strap:** needed to protect the device during use and transport, and to position the device for optimal visual and physical access.
- **The Guided Access feature (not found on other SGDs):** needed to disable the “home” button so that [Student] cannot exit from the communication program.
- **Warranty** to ensure that communication device is consistently available and in proper working order

I. Recommended SGD and Accessories:

Based on trial data, the SGD that most closely needs [Student]'s specific needs is:

- ACCI Choice Communicator **DEDICATED** SGD with (name) software
 - Protective (name recommended case) with needed accessories (example: carrying strap, stand, screen protector)
 - (Length of) warranty
-
- The **Dedicated** version of the ACCI Choice Communicator is configured in such a way that it can ONLY run the (name of app) communication software. ALL OTHER FUNCTIONS UNRELATED TO THE USE OF THE COMMUNICATION SOFTWARE ARE DISABLED AND CANNOT BE UNLOCKED BY THE USER, FAMILY, OR OTHERS. This is appropriate for [Student] as the only reason [Student] needs this SGD is for communication. It would be detrimental to him communication if the device also performed other functions or served other purposes.

(continued)

AAC Advocacy

- The recommended ACCI Choice Communicator DEDICATED SGD meets all criteria for Durable Medical Equipment, as defined by Medicaid (see J. below).
- The protective case, with built-in handle and stand, and screen protector makes this device much more durable for [Student]'s needs than other standard SGDs.
- This SGD is lightweight, portable, and easy for the family to program, making it suitable for use in the home and community.
- In addition, the DEDICATED ACCI Choice Communicator is by far the least expensive dedicated SGD that will meet [Student]'s specific needs.

The ACCI Choice Communicator Dedicated SGD with the recommended communication software and case **are ONLY available from the following durable medical equipment supplier:**

Augmentative Communication Consultants, Inc.

P.O. Box 731

Moon Township, PA 15108

Phone: 800-982-2248

Fax: 412-269-0923

Email: acci1@earthlink.net

Web address: www.ACClinc.com

J. Medical Necessity for this Speech Generating Device:

In order to adequately express wants, needs, opinions, and concerns with the highest degree of independence and specificity, [Student] requires a dedicated, dynamic display, speech generating device, and speech and language therapy as treatment for his severe communication impairment.

Speech/language therapy treatment is recognized by Medicaid as a "Rehabilitation Service", as it is a "medical or remedial service", recommended by a physician or other licensed practitioner of the healing arts, for maximum reduction of physical or mental disability or and restoration of a recipient to his best functional level."

A speech generating device is part of the treatment plan for [Student].

(continued)

A speech generating device is recognized by Medicaid as both a "**Prosthetic**," in that it replaces a bodily function (speech) that is absent or severely impaired, and as "**Durable Medical Equipment**," in that it has the following characteristics:

- Able to withstand repeated use
- Primarily and customarily used for medical purposes
- Not generally useful in the absence of illness or injury
- Suitable for use in the home

Because the ACCI Choice Communicator is a **DEDICATED** device on which only (name of) communication software can be used, it is not of any value whatsoever to anyone who does not require it for communication. Therefore, it is not at all useful in the absence of illness or injury.

K. Client and Family Support/Parent Training

- [Student] will continue to receive speech/language therapy services, as described below.
- [Student]'s family will receive assistive technology and speech/language support to aid in their ability to program, back up, and care for the SGD, and to increase opportunities for [Student] to communicate at home, in the community, and with medical personnel.
- Strategies for providing aided language stimulation will be shared with the parent. Aided language stimulation allows [Student] to continue to learn new vocabulary in context across communication partners and environments.
- Further training will be offered to the family on an ongoing basis.

L. Treatment Plan and Goals

- **Speech and Language Services**

- [Student] will continue to receive weekly speech/language therapy at school
- The focus of speech/language therapy will be on increasing [Student] s ability to express specifics about his state of health, and how to handle and express any concerns about his safety and well-being. This includes recognizing personal problems (illness, injury, discomfort, threats to safety), and practice in initiating and engaging in conversation about these and other topics with a variety of communication partners.
- His ability to do this is highly dependent on his access to and use of an appropriate SGD.
- The ACCI Choice Communicator DEDICATED SGD will meet this critical need and will be an integral part of [Student] 's speech/language therapy treatment plan.

(continued)

- **Goals**

- **Short Term Goals:**

- Using a total communication approach, [Student] will ask/respond to what and what doing questions with appropriate answers with no more than one prompt in 4/5 opportunities over 3 consecutive data collection points.

- Using a total communication approach, [Student] will ask for help/assistance in 4/5 opportunities to a staff member in 3 consecutive data collection points.

- **Long Term Goals:** Across communication partners and environments, [Student] will communicate for a variety of pragmatic purposes:

- Greetings
 - Requesting wants/needs
 - Communicating information related to health, safety, comfort
 - Asking for help, clarification, and additional information
 - Protesting/refusing
 - Engaging in conversation with adults and peers
 - Terminating interactions appropriately

SLP Assurance of Financial Independence:

The Speech/Language Pathologist who performed this evaluation is not a supplier of and does not have a financial relationship with the supplier of the SGD.

This report was provided to the treating physician on (date).

SLP Signature and date
SLP License and ASHA #

For older students (16-21)

- Students who have been using school-provided iPads with AAC apps successfully BUT are graduating/aging out of school-based services
- The report is very similar but with a few important differences.

If an older student has already been using a district iPad for communication...

- State this and explain why a replacement is needed (approaching graduation/aging out)
- Be detailed in your report as to the student's specific needs and how the present SGD meets those needs
- Stress that a different device would not be appropriate (features, learning curve, parent support after graduation, etc.)
- Trials with other systems are not needed, but a brief history of past experiences should be included.

Other Necessary Forms:

- Assignment of Benefits (Insurance Worksheet will be helpful in completing this) – parent signature needed
- Certificate of Medical Necessity/Prescription – physician signature needed
- Copies of both sides of all applicable insurance cards
- MAIL all completed forms and AAC report to the funding department of the device supplier. They will review and forward to the insurance company.

If you receive a denial....

- Pay close attention to the timelines and instructions on how to request a fair hearing
- Submit a letter requesting a **Level 1 appeal (internal review)** and refute the cause for rejection (examples will be given in subsequent slides)
- Submit the parent letter that authorizes you to act on the student's behalf
- KEEP A COPY OF EVERYTHING!
- Make a record of every phone call

ASHA LEADER, April 2020

- “Appealing Insurance Claim Denials for Autism Services” article by Michelle Cobbs-King

Blog Posts about my experience with appeals

- "Advocating for Students with Assistive Technology Needs"
- "The Power of Persistence"
- Both blog posts can be found on www.speakingofspeech.com

“Voiceless: Arizona Agency Denies Hundreds of Families Medically Necessary Speech Aid”

- Article and podcast from March 9, 2020
- <https://kjzz.org/content/1473516/voiceless-arizona-agency-denies-hundreds-families-medically-necessary-speech-aid>

Peer-to-Peer Review

- You can try this, but typically the insurance company will only talk with the doctor

Refuting Reasons for Denial

If the student is up to age 21:

- **Argument #1 -- Application of Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) provision of Medicaid to this case:**
- According to the Medicaid Act, states have the option of covering “speech, hearing, and language therapy” and “prosthetics.” However, a state’s discretion to cover some optional services and exclude others from its state plan **does not apply** to children due to the EPSDT requirements of the Medicaid Act. **For children and youth under 21 years of age, states must: “cover all medically necessary services that are included within the categories of mandatory and optional services listed in section 1905(a), regardless of whether such services are covered under the State Plan.”**

STUDENT has Angelman Syndrome, a condition which results in cognitive, physical, and communication impairments. She is NOT able to use natural speech to communicate concerns related to her personal wants and needs or her health and well-being. Low-tech methods (picture exchange, communication boards) do not have voice-output; STUDENT needs this auditory feedback to communicate effectively.

Speech/language therapy treatment, including the use of an appropriate SGD, is required in order to provide STUDENT with the basic human right of communication.

Speech/language therapy treatment is recognized by Medicaid as a "Rehabilitation Service", as it is a "medical or remedial service, recommended by a physician or other licensed practitioner of the healing arts, for maximum reduction of physical or mental disability and restoration of a recipient to his best functional level." A speech generating device is part of the treatment plan for STUDENT.

A speech generating device is recognized by Medicaid as both a "Prosthetic," in that it replaces a bodily function that is absent or severely impaired, and as "**Durable Medical Equipment**," in that it has the following characteristics:

- Able to withstand repeated use
- Primarily and customarily used for medical purposes
- Not generally useful in the absence of illness or injury
- Suitable for use in the home.

AAC Advocacy

The requested ACCI Choice Communicator with GoTalk Now Plus and a protective Fintie Kiddie Case meets the DME requirements to the letter:

- The protective case makes this SGD **much more durable** than other “standard communication devices available through Prentke Romich and Dynavox,” as recommended in the denial dated 5/6/16;
- The ACCI Choice Communicator is **ONLY used for medical purposes**; it is a prosthetic device, a form of DME, and medically-prescribed form of speech/language therapy treatment for someone with a severe communication impairment such as STUDENT’S;⁴
- Because the ACCI Choice Communicator is a DEDICATED device on which only one augmentative communication app can be used, it ceases to be of any value whatsoever to anyone who does not require it for communication. Therefore, **it is not at all useful in the absence of illness or injury**;
- The requested SGD is lightweight, portable, and easy for the family to program, making it **suitable for use in the home** and community.

2. Argument against denial of this iPad-based speech generating device:

According to the DeSario Letter, a state Medicaid program cannot put out a list of DME products, saying they are never covered. While I have been unable to find a published list of DME products that are never covered by the PA Medicaid program, all denials issued by this MA insurer (dated 5/6/16, 6/10/16, and 7/7/16) clearly state that the requested device is "considered non-medical" because it is built on an iPad platform and "iPads are non-medical as they can be used in the absence of illness." This would lead one to assume that there IS an exclusion list and that an iPad is on it, despite the fact that I have repeatedly and clearly explained that the requested device is a DEDICATED speech generating device. It can only be used for communication; all other functions of the iPad unrelated to the communication app have been disabled. Best practices in the field of augmentative communication highly recommend that a tablet-based communication system should ONLY be used for communication. Additional features and uses of the iPad would be a distraction to STUDENT, and would be counterproductive to her ability to communicate effectively. **There is absolutely no reason to "unlock" the dedicated SGD.**

3. Argument against denial because the provider is not in network:

According to EPSDT, "In general, states are encouraged to include in their State Plans a range of provider types and settings likely to be sufficient to meet the needs of enrollees. **Nonetheless, there may be cases in which the type of provider that is needed is not already participating in Medicaid. In such an instance, the state could meet the EPSDT requirement by, for example, entering into a single-service agreement with the needed provider.**"

The ACCI Choice Communicator with GoTalk Now Plus and the Fintie Kiddie case is only available through:

Augmentative Communication Consultants, Inc.

P.O. Box 731

Moon Township, PA 15108

Phone: 800-982-2248

Fax: 412-269-0923

Email: acci1@earthlink.net

Web address: www.ACCLinc.com

4. Argument for the least costly, still appropriate option:

With regard to cost, in *EPSDT: A Guide for States*, under “Cost Effective Alternatives,” it is noted that “States may cover services in the most cost effective mode as long as the less expensive service is equally effective and actually available.” In their denial letters, the MA-insurer recommends getting “a standard communication device from Prentke Romich or Dynavox.” Here are the very important points to consider on the issue of “cost effectiveness:”

- The ACCI Choice Communicator dedicated device with communication app and protective case costs **\$1550**. It is built on an iPad tablet.
- The ACCENT 1000 by Prentke Romich has the same size screen but a less protective case. For the dedicated version, the cost is **\$7295**. It is built on an Dell tablet.
- The T-10 by Tobii/Dynavox also has a 10” screen and a less protective case. For the dedicated version, the cost is **\$4099**. It is built on an Android tablet.
- Another “standard communication device” that comes in a dedicated version is the NovaChat10 from Saltillo sells for **\$5395**. It also has a 10” screen and a less protective case. It is built on an Android tablet.

5. Additional points to consider:

Among the federal requirements that all state Medicaid programs must satisfy are listed below. According to *Funding Assistive Technology Through State Medicaid Programs*, "one or more of these requirements may provide the legal basis for challenging a Medicaid denial of medically necessary AT devices or services."

- **Reasonable promptness** – the initial request for funding was made in April 2016. STUDENT has been waiting for a speech generating device (her voice) for over 4 months, even though requests for appeals were made well within the given timelines.
- **Free choice of providers** – the denial of 7/7/16 included the line "In addition, the requesting provider is a non-participating provider." The requested SGD is only available from one provider so denial because that provider is not in-network is not valid, violates the stipulation of EPSDT that arrangements can be made with non-participating providers, and is contrary to precedent already set by this insurance company's approval of multiple ACCI Choice Communicators in the past.
- **Comparability of services** – it has already been made clear that the SGD we are requesting is much less expensive than those devices recommended in the insurance company denials. It was also explained that those "standard devices" have features that are incompatible with STUDENT's needs.

Level 1 Appeal

- You will appear before a panel of 3 people: 2 from the insurance company and 1 from an outside agency or company
- Take everything you've already submitted, plus data forms, samples of symbols, screenshot of pages, device literature, etc.
- Parents/student may participate in person or by phone, if they desire, but YOU must have written authority to act on the student's behalf
- Keep device distributor informed all along the way.

Denied Again?

File a Second Level Complaint and Request an Independent/External Review

- Cover letter should detail everything you provided and every step you've taken along the way
- State the reason(s) for denial and explain why the reason(s) are not valid in this case

Fair Hearing

- Arranged by the state Dept. of Insurance
- Presided over by a judge
 - Lawyer for the insurance company
 - You, the family, any other witnesses that you want to testify
- BE FULLY PREPARED!!!

Is all this effort worth it?

- YES!
- After 6+ months of battling with the local Medicaid insurance company, initial requests for our students are approved without denials
- The battle you fight for one student will benefit all who come after.

Other Funding Options

School-based Access Program (SBAP)

- Covers iPad with AAC apps
- Allows district to get MA reimbursement for procurement and/or repairs of assistive devices if certain criteria are met
- If reimbursement is granted, ownership of the device is transferred to the student.

School-based Access Program (SBAP) Criteria

- Student identified as receiving special education services
- Between 3-20 years old
- Enrolled in MA program
- Parent consent
- Medical authorization
- Transfer of ownership
- Assistive device billing form submitted to PCG

From the “Assistive Technology for Students with Disabilities: A Closer Look at Acquisition and Funding”

- Office of Vocational Rehab
- Recycled Equipment Exchange Program (REEP)
- Short-term rentals from device manufacturers
- Low-Interest Loan Program through PA Assistive Technology Foundation (PATF)
- Private and Nonprofit Sources

Regardless of how the device is funded....

- The school district is responsible for repairs.
- The school district is responsible for providing an appropriate loaner if device is out of commission.
- The device is available to the student in all school, home, and community contexts.

Funding assistance

- Available through most SGD providers
- Funding worksheets for this webinar come from ACClinc.com
- Other handouts include info on SBAP, Medicaid, AT for PA Students, and my Insurance Submission Worksheet

Thank you for your interest!

Questions??

For more info, please contact
Tammy Cooke at
tcooke@pattan.net or
assistivetechconnect@pattanKOP.net

Pat Mervine at
pat@PatMervine.com