

FUNDING FOR ASSISTIVE TECHNOLOGY & AUGMENTATIVE/ ALTERNATIVE COMMUNICATION

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FUNDING SOURCES ACROSS THE LIFE SPAN

- ▶ Medi-Cal Necessary SGDs are funded for:
 - ▶ Infants 0-3 through private insurance, Medi-Cal, or Regional Center
 - ▶ School-aged children through private insurance, Medi-Cal, CCS, or the public school district
 - ▶ Adults through Medicare Part B, private insurance, or Dept. of Rehabilitation

OTHER SOURCES

- ▶ In California, the telephone program (CTAP) covers SGDs for consumers who need an SGD in order to use the telephone.
 - ▶ CTAP requires:
 - ▶ an SLP evaluation and device recommendation
 - ▶ a physician's prescription for the recommended device
 - ▶ a written denial for public/private insurance as they are the funder of last resort
 - ▶ A completed web-based application form (EDP)
 - ▶ http://www.ddtp.org/CTAP/CTAP_equipment_application_and_certification_process

PRIVATE SOURCES

- ▶ Private Insurance
- ▶ Private Funding Sources
 - ▶ Corporations
 - ▶ Trust Funds
 - ▶ Service Clubs
 - ▶ Fund-raisers
 - ▶ Wishmakers

LEARN THE SPECIFICS FOR ACCESSING FUNDS

- ▶ Who are the “Gatekeepers”?
- ▶ What are the procedures for accessing funds?
- ▶ What documentation is necessary to accompany funding requests?
- ▶ What are the laws which mandate each funding agency/source?

SET UP THE FUNDING PATH

- ▶ Regional Center (Infants-Adults)
- ▶ California Children's Services (0-21 years)
- ▶ Medi-Cal through Institutional Deeming (0-adults)
- ▶ Medicare Part B (adults)

FUNDING SOURCES FOR SCHOOL-AGED YOUNGSTERS

- ▶ Private Insurance
- ▶ California Children's Services
- ▶ Medi-Cal
- ▶ Low Incidence Funds
- ▶ General Education Funds

FOR ADULTS...

- ▶ Fund SGD through Medical model (private insurance, Medi-Cal, Medicare Part B (over 65, or disabled)).
- ▶ Fund low technology, light technology, entry and intermediate level SGDs privately
- ▶ Fund Assistive Technology privately unless it is considered Durable Medi-Cal Equipment such as a wheelchair.

FOR SCHOOL AGED YOUNGSTERS...

- ▶ Fund the SGDs through the Medical model (private ins., CCS, Medi-Cal)
- ▶ Fund low technology, light and entry and intermediate level AAC systems through the public school
- ▶ Fund Assistive Technology through the public school (IDEA-R)

CALIFORNIA CHILDREN'S SERVICES

- ▶ AAC Device coverage directly from CCS is available for students:
 - ▶ with a CCS Medi-Cal eligible diagnosis
 - ▶ who are Medi-Cal Therapy Unit Active
 - ▶ and meet CCS's financial requirements
- ▶ AAC Device Coverage through CCS is also available for students who have Medi-Cal and require a Speech Generating Device.

CCS DEVICE COVERAGE REQUIREMENTS

- ▶ A Completed SGD Evaluation by a licensed AAC/SLP and conducted in accordance with Medicare Guidelines
- ▶ Clinical Trials with SGDs: CCS Prefers a one month extended trial with the recommended SGD
- ▶ Documentation of “functional use” through a demonstration video or CCS’s participation in a clinical trial
- ▶ Treatment Plan which addresses SGD device usage in the home, community , as well as the school.

MEDI-CAL

- ▶ Children ages 3-8 are eligible to receive full-scope Medi-Cal under the Institutional Deeming program
 - ▶ Child must live at home with his/her family
 - ▶ Child must have a valid Social Security number
 - ▶ Child must be ineligible for Medi-Cal due to family's income
 - ▶ Child must have a developmental disability
 - ▶ Child must have two or more "qualifying conditions" in the area of self-help, motor, and social emotional conditions or extensive medical needs
 - ▶ Child must receive at least one "qualifying service from Regional Center and use that service at least once per year
- ▶ Medi-Cal serves as the child's secondary insurance
- ▶ Application for Medi-Cal through Institutional Deeming must come from Regional Center Case Manager

- ▶ Children who have a CCS Medi-Cal eligible diagnosis, are eligible for Medi-Cal case management by CCS
 - ▶ CCS is involved in the evaluation of seating, positioning, and access as well as final system fitting
 - ▶ Requests for SGDs are submitted directly to the CCS case manager who submits to Medi-Cal
- ▶ Children who have Medi-Cal but are not CCS do not have CCS case management
 - ▶ Requests for SGDs are submitted directly to Medi-Cal by the device manufacturer's funding coordinator

MEDI-CAL WILL FUND SGDS FOR SCHOOL-AGED CHILDREN.

- ▶ Early Periodic Screening, Diagnostic, & Treatment (EPSDT) includes necessary health care, diagnostic services, treatment, and other measures described in {Section 1396d (a) to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, whether or not such services are covered under the State plan. (42 U.S.C. Section 1396d (r)(5).

SPEECH/LANGUAGE/HEARING SERVICES INCLUDE:

- ▶ diagnostic, screening, preventative, and corrective services provided by or under the direction of a speech pathologist or audiologist, for which a patient is referred by a physician. It includes any necessary supplies and equipment. (42 C.F.R. Section 440.110(c)(1).

FEDERAL MEDICAID REGULATIONS DEFINE PROSTHETIC DEVICE:

- ▶ replacement, corrective, or supportive devices prescribed by a physician or other licensed practitioner of the healing arts within the scope of his practice as defined by state law to:

- ▶ artificially replace a missing portion of the body;
- ▶ prevent or correct physical deformity or malfunction;
or
- ▶ support a weak or deformed portion of the body. (42 C.F.R. Section 440.120(c).

REHABILITATIVE SERVICES:

- ▶ any medical or remedial services recommended by a physician or other licensed practitioner of the healing arts, within the scope of his practice under State law, for maximum reduction of physical or mental disability and restoration of a recipient to his best possible functional level. (42 C.F.R. Section 440.130(d).

5 PRINCIPLES FOR AAC DEVICES FOR TREATMENT PURPOSES

- ▶ Speech/Language Pathologist is the professional discipline concerned specifically with the diagnosis and treatment of speech and language disorders
- ▶ Speech/Language Pathologist provide therapy, which is synonymous with “treatment”

- ▶ The primary goal of Speech Pathology services is to restore, to the maximum degree possible, the person's functional expressive communication ability.
- ▶ AAC Services are within the scope of the practice of Speech Language Pathologist. (ASHA Position Statement 8/81)

- ▶ Among the speech and language disorders that are diagnosed and treated by speech/language pathologists are dysarthria, anarthria, and apraxia of speech. For persons with the most severe forms of these neurological disorders appropriate treatment will be the use of a speech generating device.

PROCEDURAL REQUIREMENTS FOR ACCESSING MEDICAID

- ▶ AAC Evaluations, Services, and Device Prescriptions must be prior-authorized and accompanied by a physician's prescription.
- ▶ AAC Evaluations and Services must be provided by an ASHA certified and State licensed Speech/ Language Pathologist with experience in AAC.

A COMPREHENSIVE ASSESSMENT MUST INCLUDE:

- ▶ Demographic Information
- ▶ Current Communication Impairment
 - ▶ Diagnosis (ICD-10)
 - ▶ Severity
 - ▶ Prognosis for functional verbal speech/SLP treatment history

- ▶ Sensory Status (Vision, Hearing, Tactile-Kinesthetic abilities and limitations)
- ▶ Physical Status (Motor diagnosis, static, regressive, positioning, access)

- ▶ Communication & Language Current Levels of Functioning
 - ▶ Unaided Communication
 - ▶ Aided Communication
 - ▶ Language representation system
- ▶ Cognitive skills (relative to SGD use)

- ▶ Daily Communication Needs
 - ▶ Needs Assessment
 - ▶ Communication Limitations & Unmet Needs
- ▶ Functional Communication Goals
 - ▶ Short and Long Term Goals
 - ▶ Include a Telephone Goal for DDTP
- ▶ Rationale for Device Selection
 - ▶ Delineation of Features & Specifications for an AAC system/device
 - ▶ Determination of SGD Medicare device code required to meet features/specifications
 - ▶ Selection of 2-3 devices (same Medicare Category code) for clinical trials

- ▶ Conduct clinical trials and make a final determination of SGD
 - ▶ Report findings of trial in comprehensive report
- ▶ Include a list provided by DME manufacturer of recommended SGD, software, and peripherals with Medicare Codes
- ▶ Secure Patient and family support and physician involvement
- ▶ Develop a treatment plan to be included in comprehensive report
- ▶ Include an SLP assurance Statement

BUZOLICH'S FUNDING WORDS OF WISDOM

- ▶ There are always obstacles and set-backs on the SGD Funding Highway.
 - ▶ Never give up
 - ▶ Seek outside guidance
 - ▶ Be willing to advocate for your client and participate in appeals
 - ▶ Be creative in coming up with “workarounds”
 - ▶ Don't change your recommendations because of funding
 - ▶ Use diversified funding strategies to spread the cost of equipment and services across public and private agencies
 - ▶ Avoid Private Pay : Individuals with disabilities have exorbitant costs and need help to access funding for equipment and services.

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