

## ACTS AAC Funding Q & A

### What sources of funding are available for school-aged students who require an Augmentative Communication (AAC) Device also called a Speech Generating Device (SGD)?

There are a variety of funding sources available to students who require an SGD including: (1) California Children’s Services (CCS) (2) MediCal (3) Private Health Insurance (4) DDTP (5) Public School District Low Incidence Funds (6) General Education Funds, (7) Medicare, and (8) Department of Rehabilitation. The chart below summarizes some aspects of these eight sources.

Source	Eligibility	Coverage	Notes
CCS	Must have a CCS Medically Eligible diagnosis such as Cerebral Palsy, neuromuscular conditions (spina bifida, muscular dystrophy), or a severe medical condition, parental income under \$40,000, and a medical need for the SGD.	Includes repairs and replacement (a)	Device is property of student. (b)
MediCal (Institutional Deeming)	Must be a client of Regional Center and have more than one handicapping condition (e.g. motor, cognitive, sensory). Must receive at least two services through Regional Center	Includes repairs and replacement (a)	Device is property of student. (b)
Private Insurance	Durable Medical Equipment (DME) must be a covered benefit and Speech Generating Devices (SGDs) must be medically necessary. Private Insurance follows Medicare review guidelines,		Device is property of student. (b)
Deaf and Disabled Telecommunications program	DDTP will fund SGDs (Medical DME), accessories, and mounting systems and applicable telecommunications accessories as the funder of last resort. DDTP has a funding application.		Device is property of student. (b)
Schools Low Incidence	If student has a State-defined low incidence disability (orthopedic impairments such as cerebral palsy, hearing impairment, vision impairment, or multiple motor, speech, and sensory impairments.) and AAC is educationally necessary.		Device is property of the school (c)
School Gen. Ed.	If student doesn’t qualify for Low Incidence funding but requires educationally necessary AT/AAC and it is specified in an IEP.	There is no AT budget but student is entitled by IDEA-R	Device is property of the school (c)
Medicare	Dependents of parents who are disabled, retired, or dead. Must demonstrate medical need for the SGD.	Includes repairs and replacement	Device is property of client.
Dept. of	Clients who are 18 years and older and need	Includes repairs	Device is

Rehab.	a SGD to achieve a vocational goal.	and replacement	property of client.
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Footnotes:

- (a) Devices that are property of the student can stay with the student at all times. When the student no longer needs the device, it can be used as a back up system, sold, or donated.
- (b) These sources provide ongoing support for repairs and replacement. A new device can be obtained after the initial device purchase if medical necessity can be demonstrated and if the student requires a more advanced system or a replacement of his old system.
- (c) Devices that are property of the school do not automatically go home with the student. If a student moves from one district to another within the State of California, an inter-district agreement is required to transfer the low incidence equipment from one district or S.E.L.P.A. to another. If the student moves out of state, the device will remain behind, and the process of obtaining a device will have to begin again with the new school district. When a student graduates or ages out, the device most likely will remain with the school, requiring the student to look to another funding source for the device. Each time a funding process must be started anew, the risk exists that the person will be without a device for a period of time.

**When is there a medical need for an SGD?**

The medical need for an SGD exists when a person can't meet daily communication needs through other means, and it is determined that an SGD is the most appropriate way to achieve daily functional communication goals. This is important for all medically-related sources of funding such as MediCal and private insurance.

**How do we access CCS funding of an SGD?**

- For students who already have a CCS case-manager, invite the CCS OT to participate in the evaluation process. CCS requires the SGD Evaluation be conducted by a licensed Speech/Language Pathologist, consideration of devices that share similar features/specifications, clinical trial, and a final prescription and price quote.
- For students who have an inactive CCS case, ask permission to re-activate.
- For students who are not CCS clients, but have a CCS medically eligible diagnosis, parents are encouraged to apply to the CCS program.

**How do we access MediCal funding of an SGD?**

- If students have a MediCal number and a primary insurance carrier, you will need to apply to the primary insurance first. The evaluation report and doctor's prescription for the SGD and accessories is submitted to the funding coordinator of the DME vendor. The funding coordinator submits first to the primary insurance carrier for approval or denial of coverage for the SGD. If the insurance denies coverage in writing, the funding coordinator submits a treatment authorization request directly to MediCal. DME funding coordinators have required paperwork that the AAC Specialist and family must complete before they can submit for public/private insurance funding.

- If a student does not have MediCal, they may be eligible to apply if they are a Regional Center client and are receiving some type of Regional Center services (e.g., Respite). The Regional Center Case Manager must initiate the request for MediCal services for the child. There is paperwork for the Regional Center Case Manager to complete in order to get a child MediCal through Institutional Deeming. Once a Case Manager initiates the paperwork, the application is sent to the parent for completion. Once the application is completed it is sent to the local MediCal field office. They will process the application within a few weeks and send the parent the child's MediCal number.

### **How do we get a Doctor's Prescription for the SGD?**

The speech/language pathologist (SLP) must send the SGD Evaluation report, price quote from the DME, and a prescription form directly to the physician. The physician submits an original to the SLP or sends it directly to the DME Funding Coordinator

### **What if student's have both CCS and MediCal?**

CCS follows their own CCS SGD Guidelines closely related to the MediCal guidelines for funding SGDs. CCS must be included in the SGD evaluation process for a CCS active student. Each CCS MTU has their own requirements and therefore it is necessary to discuss this with the CCS Case Manager or CCS Supervising Therapist, You will submit an evaluation package to CCS that includes the Evaluation Report and a price quote less than 30 days old. CCS get a CCS doctor's prescription for the SGD and accessories and will issue a funding decision. CCS will not pay full or partial payment until the primary insurance carrier responds in writing with a denial or promise to pay.

### **How do we access Private Insurance?**

- If families wish to use private insurance, tell them to check if benefits include Durable Medical equipment (DME) coverage. If SGDs are not expressly identified in the exclusions sections as non-covered, then it is likely the policy must provide coverage for SGDs. Over the years, thousands of different insurance providers have provided funding for SGDs and the strong assumption should be that insurance will pay for them. Those that do not are the rare exception.
- In order to get a decision from a private insurer, the SLP will need a completed SGD report, original doctor's prescription, and a recent price quote submitted to the DME Funding Coordinator. The funding coordinator will submit directly to the private insurance.
- If a denial is obtained, parents can pursue an appeal with their private insurance company, if so desired.

### **How do we access Low Incidence Funding?**

First, you have to determine whether the child has a low incidence disability as defined by the State Dept. of Education. A low incidence disability includes orthopedic impairments such as cerebral palsy, sensory impairments (hearing impairment, vision impairment) or multiple motor, speech, and sensory impairments. If AAC/AT is recommended as part of the IEP process (after an AAC Evaluation has been completed), goals and objectives which require the use of AAC/AT are written into the IEP. The Case Manager will complete the necessary paperwork to submit for Low Incidence funding if other funding sources have been ruled out.

**How do we access Medicare funding of an SGD?**

You submit to the Funding Coordinator of company manufacturing the device. If they accept assignment, then there is a 20% co-pay required from the patient.

**How are devices purchased through General Education funds?**

If the IEP determines that AAC/AT equipment is needed in order for the student to meet his IEP goals/objectives, and there is no other funding source available, the school district will purchase the equipment using General Education Funds.

**How are devices purchased through the Department of Rehabilitation?**

When students are 18 or over, and in transition, the Department of Rehabilitation counselor may be able to obtain funding for devices that are necessary to achieve a vocational goal.