



How to Obtain Funding for AAC in Indiana (Without Losing your Mind!)



The overall objective when pursuing medical funding for an SGD is to show that you have recommended the most cost-effective communication solution that will meet the client's medical needs.

★ This is a six-step process. Follow these steps in order. If you have questions, contact beth.browning@prentrom.com or (317) 364-0216.

Common Abbreviations	AAC = Augmentative-Alternative Communication	SGD = Speech-Generating Device	DME = Durable Medical Equipment
	HCPCS = Healthcare Common Procedure Coding System	PCP = Primary Care Physician	SLP = Speech-Language Pathologist
	ASHA = American Speech-Language Hearing Association	OT/PT = Occupational & Physical Therapist	AOB = Assignment of Benefits
	HIPAA = Health Insurance Portability & Accountability Act	CMN = Certificate of Medical Necessity	PA = Prior Authorization

Step 1: Organize the Team

The members of your team will vary, depending on the needs of the **client**. The **SLP** will evaluate for and select the most appropriate SGD. He/She will establish a treatment and implementation plan. **Vendor reps** often help the SLP through consultation and device trials. The **physician** will write a prescription confirming the need for an SGD and may also write a letter of support to include with the packet. There are several forms that must be signed by the physician. Sometimes an **OT** is needed to address fine motor skills and determine the best access options for the SGD. **PTs** are helpful when it comes to positioning, mobility, and mounting the SGD. Other professionals such as **teachers, rehabilitation counselors, caregivers,** and **staff** also play a role by providing information about how the client currently communicates and the potential benefit of an SGD to augment their expressive communication. Anyone involved in the client's daily care can contribute real-life examples of communication breakdowns and help document the medical need for an SGD. They are also strong advocates for making the paperwork process run smoothly.

Required Team Members:	Other Possible Team Members:
<ul style="list-style-type: none"> ○ Client ○ ASHA-Certified SLP ○ Client's Physician <p>Please note: If there is a PCP listed on the client's Medicaid account, he/she will have to sign the paperwork! *Physician should be in-network with the type of Medicaid the client has!</p>	<ul style="list-style-type: none"> ○ Family/Guardian/Caregiver ○ OT (school-based and/or private) ○ PT (school-based and/or private) ○ Teachers and Paraprofessionals ○ Rehabilitation Counselor ○ Equipment Vendor Representatives

Step 2: Identify Funding Sources

- The client may have one or more funding sources. Obtain legible front/back copies of ALL private insurance, Medicare, Medicaid, or Tricare (military coverage) cards.
- If the client has private insurance, call to verify coverage of SGDs under their particular plan(s). Have the policyholder's name and ID number, group number, client's name, DOB, and diagnosis available before calling. Ask them if DME is a covered benefit under the client's plan, particularly, you want to know if the HCPCS codes (below) are covered. They will probably tell you that a physician's referral is required and that a Prior Authorization (PA) must be submitted. Don't worry about that - you will gather those as part of your funding packet before submitting to the funding department. Right now, you're just checking to see if DME is a covered benefit under the client's plan.

Common HCPCS Codes Equipment that is Considered DME		
✓ E2510 (SGD)	✓ E2599 (SGD Accessories & Alternate Access Methods)	✓ E2512 (Mounts)



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Important Information Regarding Funding Sources	
Medicare	Only covers 80% - family will be required to pay the other 20% unless they have a secondary funding source to cover it. Trial of the device is not required, but funding will be denied if the client is receiving skilled nursing care.
Indiana Medicaid	Typically covers anything primary insurance or Medicare does not (i.e. the other 20%). Requires documentation of a 4-week trial with the device. *If Anthem MCO, a 3-month rental is required.
Medicaid Package C	PRC does not submit to Medicaid Package C. The family must switch to a different package or type of Medicaid if they want funding for an SGD through PRC.
Medicaid Waiver	PRC does not submit to the Medicaid Waiver as primary or secondary coverage. The family must have some other funding source (primary insurance or Medicaid) if they want funding for an SGD through PRC.
Children's Special Health Care Services	CSHCS does not cover SGDs. There is no funding for SGDs through this insurance plan.

- Discuss with the client or family what their financial responsibility might be for obtaining an SGD.
 - Keep in mind that before private insurance will pay, the annual deductible must be met. If the annual deductible is met and you're hoping to have the device purchased before January 1 (when the deductible resets) you should submit your funding packet to PRC by September 1. We cannot bill insurance until the device ships. In order to have ample time to process the funding, manufacture the device, ship the device and bill insurance, 4 months is recommended. PRC cannot promise that if you submit by September 1, the device will be billed/shipped by December 31, but you will have the best chance.
 - If the family owes a large amount toward purchase of the device, contact beth.browning@prentrom.com for help or suggestions about seeking alternate funding sources, creating a payment plan, or applying for an interest-free loan.

Step 3: Complete the SGD Evaluation

This is where your team comes in (see Step 1 above). As indicated in the ASHA [Code of Ethics](#), SLPs shall engage in only those aspects of the profession that are within the scope of their professional practice and competence, considering their level of education, training, and experience. The AAC Evaluation should be accomplished as a team approach and can be done well if you take the time to educate yourself about various aspects of AAC (read through [ASHA's AAC website](#)). Keep in mind that you may have to defend your recommendation for this device in court someday (it's rare, but does happen). If you are not comfortable with this, please refer your client to an SLP who is an AAC Specialist (ask beth.browning@prentrom.com for recommendations).

In Indiana, you are required to rule out 3 AAC options before ruling in the SGD you've selected as the least costly communication solution to meet the client's medical needs. This does not mean you have to trial each option, but lately, we've had better success if you can state that you tried them (not mentioning a specific amount of time they were tried). For example, "We tried PECS and ruled it out because...". In the past, we could get away with merely "considering" these different options, but we are getting more denials lately when it doesn't appear that any of the cheaper options were actually tried. Having documentation that shows you actually tried these options will help your case.

RULE OUT	IMPORTANT NOTES
X No- or low-tech options (i.e. sign language, PECS, GoTalk, etc.)	To avoid denial, it is CRITICAL that you provide a <u>solid</u> explanation of why no/low-tech AAC options would not meet the client's medical needs. Suggested wording includes (but is not limited to): <ul style="list-style-type: none"> • Caregivers and medical staff are not trained in sign language • 80% of the words we use to communicate (i.e. core words) are not easily depicted



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	<ul style="list-style-type: none"> Limited number of words or messages available which makes generating novel and spontaneous utterances extremely difficult to impossible Limited ability to communicate medical needs with a variety of language functions such as commenting, asking, directing, expressing feelings, protesting, etc. Rely heavily on pre-programmed phrases (we cannot predict all of the client's medical needs) Difficult for the client to independently access because he/she would have to manually switch overlays
<p>X Customer-bundled iPad</p>	<p>You must rule out this option to avoid denial. Suggested wording includes (but is not limited to): An off-the-shelf or customer-bundled iPad was ruled out. It will not meet my client's medical needs because</p> <ol style="list-style-type: none"> it has not been assigned an HCPCS code it is not defined as DME – the iPad cannot withstand repeated use, does not primarily and customarily serve a medical purpose, and is useful to members in the absence of illness or injury it is not dedicated – the iPad allows access to convenience and luxury features such as games and videos that are not medically necessary <p>Under federal and state law, to qualify for medical reimbursement, a device must meet the definition of DME. Off-the-shelf or customer-bundled iPads do not and are therefore, not an option for medical funding. They are also cost-prohibitive for families to fund privately because they require accessories to make them more durable and increase the sound quality. They also don't come with a warranty or access to technical service or training/support like dedicated E2510 SGDs.</p>
<p>X Similar device (preferably from a different vendor)</p>	<p>It is important to rule out a comparable device from a different vendor to demonstrate that you are not biased toward one company's products. You can use hardware, software, access options, cost, post-sale support, or any other relevant features to rule out a similar device from a different company. If you aren't familiar with other AAC devices available, please consider meeting with the various vendor reps and learning more about their products (i.e. Saltillo, Tobii-Dynavox, Lingraphica). It is important that you have a well-rounded knowledge of AAC devices that are available and why you would/wouldn't recommend them in certain situations. The same goes for access methods and vocabulary options.</p>
<p><u>RULE IN</u></p>	<p><u>IMPORTANT NOTES</u></p>
<p>✓ The selected SGD, access method, accessories, and vocabulary</p>	<ul style="list-style-type: none"> If the client has Indiana Medicaid funding, you will be required to document a 4-week trial with the device. Contact beth.browning@prentrom.com for help obtaining free trial equipment. *If Anthem MCO, a 3-month rental is required. Please specify the device, access method, accessories, mounts, and vocabulary that you are recommending. Each item must be explained in terms of medical necessity within your report. All of your paperwork should match – meaning, all forms should list each of the items being requested. PRC has sample reports available to help you with wording: PRC's Funding Resources & Tools. These samples are NOT to be used as a template for writing your report! Do not copy/paste the report sample and insert your client's name – it is unethical!

If you're unsure how to explain the medical necessity of an AAC device, here are some examples. These types of expressions will need to be communicated to both familiar listeners (caregivers) and unfamiliar listeners (medical professionals). You demonstrate medical necessity for the SGD by showing that the client is unable to express these with verbal speech or no/low-tech options (and that he/she CAN express these independently with the SGD).



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- ★ Call for help
- ★ Express feelings or state of being
- ★ Make requests regarding health & hygiene
- ★ Provide information about health status
- ★ Express physical needs
- ★ Ask questions about care
- ★ Direct caregivers on care requirements (transfers, bathing, nutrition, mobility)
- ★ Participate in family planning decisions
- ★ Tell personal stories or anecdotes
- ★ Describe physical symptoms

Step 4: Assemble the Funding Packet

The forms that make up a completed funding packet will vary depending on your funding source(s). Ask beth.browning@prentrom.com for a checklist of forms to ensure that you have everything completed and signed before submitting (see screen shot below). Some forms are updated occasionally so it is important to access <https://www.aacfunding.com/> to obtain the latest version of each form that you need.

Indiana Checklist (obtain from beth.browning@prentrom.com)



Indiana Funding Packet Cover Sheet and Checklist

For RENTALS only:
1-2-3 FFR Eligible?
 YES NO
*If you don't know what 1-2-3 FFR is, please discuss with Beth Browning before making a bid.

Client:		Device Requested:	
SLP:		Purchase or Rental?	
Date of fax/mail:		Length of rental:	

<input checked="" type="checkbox"/> (all that apply)	Funding Source	Carrier <small>(Indicate specific insurance company or managed care type if known.)</small>	Complete Sections:
	Private Insurance		A and B
	Indiana Medicaid	<small>If Anthem MCO, a 3-month rental is required before you can request purchase!</small>	A and C
	Medicare		A and D

All documentation should match! If you request purchase of an item in one document, it should be included in all documents. Each item should be medically justified in your AAC Evaluation Report! If your documentation doesn't match, you will be required to re-do it!

SECTION A: Required by all Indiana funding sources	
Speech-Language AAC Evaluation	Must be signed by an SLP with his/her CCC's from ASHA. If Medicaid, you must include dates showing that a 3-month trial with the device was completed. If Anthem MCO, a 3-month rental is required!
Equipment Selection Sheets	Separate forms needed for device, mounts, and switches.
Assignment of Benefits (AOB) and Client Information Sheet	Last page must be signed by the policyholder.
Front/Back Copies of Insurance/Medicaid/Medicare Cards	These must be legible!
*Signed 123 Program Contract (if requesting rental)	*Only required if requesting a rental. Signed by the policyholder. If Anthem MCO, a 3-month rental is required!
SECTION B: Required by insurance in Indiana	
Certificate of Medical Necessity (CMN) for Insurance	Serves as the Rx if also submitting to Indiana Medicaid. Include the rec. vocabulary (i.e. Unity, Essence, WordPower, UNIDAD). Signed by the physician.
SECTION C: Required by Indiana Medicaid	
Augmentative Communication System Selection	Section A completed/signed by physician. Section B completed/signed by physician and SLP (there is only one signature line for physician but SLP must also sign section B).
Medicaid Prior Authorization (PA)	Ask Beth Browning for cheat sheet to help with completing this form. Signed by the physician.
*Prescription (Rx) from Physician (if applicable)	*If your packet already includes a CMN (for insurance or Medicare), you do not need a separate Rx – the CMN will serve as the Rx. Include the rec. vocabulary (i.e. Unity, Essence, WordPower, UNIDAD). Signed by the physician.
Statement of Agreement signed by OT/PT	Ask Beth Browning for a sample statement to be signed by OT and PT with license numbers included.
SECTION D: Required by Medicare	
Certificate of Medical Necessity (CMN)	Ask Beth Browning for cheat sheet to help with completing this form. Include the rec. vocabulary (i.e. Unity, Essence, WordPower, UNIDAD). Signed by the physician.
*Local Coverage Determination (LCD) – if requested	*The physician may be asked to provide documentation from the patient's medical records that reflects the need for an SGD.
*Medicare Advance Beneficiary Notice (ABN) – if needed	*If needed, PRC will send this form to be signed by the beneficiary.
Signature Log	signed by the physician.

Disclaimer: Forms can change on a regular basis! Please check <https://www.aacfunding.com/> for the most up-to-date forms.

Steps to Assemble your Funding Packet with PRC

- 1) Create an account at <https://www.aacfunding.com/> and login. Select the "Add a New Client" button and enter the correct details for General Info, Emergency Contact, and Client Diagnosis. Select the "Create Funding Request" button to continue with required sections (Delivery Info, Funding, Physician, and Current Equipment).
- 2) Select "Share this Request" to invite your team to help you complete the paperwork. If they do not have an AAC Funding account they will receive an email inviting them to create one. The person you share with will be able to access and edit client and request information. They will also be able to view the evaluation, submit documents, and print PDFs for their records. Once the request has been submitted the share will be terminated and they will no longer have access to that request. *Sharing the workload with team members can be efficient; but remember that you as the CCC-SLP will be signing the documentation, so you'll want to read through and edit the paperwork before submitting with your name/license on it!
- 3) Select the EVALUATION tab and either "Begin a New Evaluation" or "Submit your own speech evaluation". You can also use the Speech Evaluation Worksheet as a guide for writing your own report and uploading it.
- 4) Select the DOCUMENTS tab to complete forms that are required by various states and/or funding sources.
- 5) All of your paperwork should match! All forms should list each of the items being requested (device, access method, accessories, mounts, vocabulary) and each item should be explained in terms of medical necessity in your report!
- 6) The CCC-SLP must sign the AAC Evaluation Report and include his/her state license and ASHA numbers!



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Step 5: Submit the Funding Packet to PRC

ELECTRONIC UPLOAD	MAIL to PRC Funding Department 1022 Heyl Road Wooster, OH 44691	FAX to (330) 202-5840
https://www.aacfunding.com/submit_documents	Get a tracking number! Call within 5 business days to ensure it was received (800) 268-5224.	Call within 2 business days to ensure it was received (800) 268-5224.

- Do not email your funding packet! It may not be encrypted and you could be violating HIPAA for doing so.
- Once received, PRC will verify the client's eligibility and will look through the packet to make sure it is complete. If anything is missing or needs to be updated, a PRC Funding Assistant will contact you. ***You can avoid delays and expedite this process by ensuring that you've submitted a completed packet with all signatures, updated forms, consistent recommendations across all documentation, etc.!**
- When the packet is complete, it will be sent to the funding source(s). It can take 6-8 weeks to hear back from funding source(s), on average.
- Contact beth.browning@prentrom.com or PRC's Funding Department (800-268-5224) if you have questions about the status of a submission.

Step 6: Possible Outcomes

Approval	Hooray! If you or the family receives notice of the approval, contact the vendor to make sure they also have it. PRC will then contact the family before shipping to verify everything. When the device ships, PRC will bill the funding source(s). Contact beth.browning@prentrom.com to schedule training and help with setup!
Deferral	The funding source needs more information before they can make a decision. Submit an addendum addressing their questions/concerns directly to the funding source. Contact beth.browning@prentrom.com for help with wording and sample formatting. Be mindful of deadlines! Send a copy of your addendum to PRC's Funding Department for the client's file.
Denial	<ul style="list-style-type: none"> • The request was not approved. Submit an appeal addressing the denial reasons directly to the funding source. Check out https://www.aacfunding.com/deferrals-denials for more information. • Submit an appeal to the funding source. Check out https://www.aacfunding.com/templates-samples for sample appeal letter. These samples are NOT to be used as a template for writing your appeal! Do not copy/paste the appeal sample and insert your client's name - it is unethical! • Be mindful of deadlines! You must submit the appeal to the funding source, it cannot go through PRC as it is sometimes seen as a conflict of interest. • Send a copy of your appeal to PRC's Funding Department for the client's file. • If you receive a second denial, PRC will connect you with a free attorney who can help advocate for the client in a State Fair Hearing with a judge.

Common Denial Reasons (and how to avoid them)

- "There is no evidence to support that the client needs a high-tech device because...
- o ...his/her cognitive level does not support the need."
 - o ...his/her expressive language skills are not emerging to a point that they need something high-tech."
 - o ...there is no documentation that he/she has complex thoughts to express."
 - o ...there is no evidence that he/she can use it independently."

What's positive about these denial reasons is that there is often a suggestion to use cheaper low-tech alternatives with the client. That's good because by recommending an alternative, they are essentially agreeing with you that there is a medical necessity for AAC (and that's ½ the



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battle!). You can avoid these denial reasons by making sure that your AAC Evaluation Report is solidly written with evidence and explanations demonstrating why low-tech AAC options (i.e. sign language, PECS, GoTalk, etc.) would not meet the person’s medical needs.

With regards to cognitive skills, it can be difficult to report standard scores for cognitive testing because our nonverbal clients are not included in the normative sample of these assessments and thus, we must informally interpret any scores obtained (they cannot be standard scores). If you can informally report cognitive testing scores, it will help your case. You can also report the discrepancy between scores for expressive and receptive language testing to demonstrate that the client does have more cognitive ability than he/she is able to express. You could also use age norms and relate them to typical language development for that age. For example, a child who is functioning at the level of an 18-month old should have ~65 words expressively. By the time he/she has grown to the level of a 24-month-old, he/she should have ~200+ words expressively. Therefore, a person who is functioning between 18-24 months cognitively, should have access to 65-200+ words so they can continue to grow and develop. What cheap low-tech system is going to give the client independent access to that much vocabulary?!

Remember, the device is considered DME and is intended to meet their needs for 5+ years. You can use this to support your recommendation. Similarly, it is important that you document the client’s ability to use the device spontaneously and independently to communicate messages that are more complex than just single words. See the bottom of page 3 for examples for explaining medical necessity.

Additionally, Indiana funding source(s) are arguing lately that they are not responsible for growing/building a client’s language – that’s the school’s responsibility and isn’t a medical justification. My interpretation of “complex thoughts” is being able to put 3+ words together to express a variety of communicative functions (i.e. requesting, directing, commenting, asking, expressing feelings, etc.). If the client is primarily using the SGD to independently communicate single words, you will need to explain why a low-tech device won’t meet his/her needs because the reviewers don’t believe single words are used to express “complex thoughts”. If you can demonstrate that the client is combining 3+ words to independently express a variety of communicative functions, your chances of avoiding a denial on this basis will be much greater. This is NOT to say that the person must have mastery with the device before you recommend it for purchase! The client cannot use language that’s not available, so high tech SGDs can provide access to a large single word vocabulary that will allow the client room for growth over the next 5+ years.

“The vendor is not in-network with our plan.”

“We have a preferred provider arrangement with a different vendor and you should recommend one of their devices instead.”

PRC’s Funding Specialists can provide you with a “sole provider” letter that explains that PRC is the sole manufacturer of Accent and PRiO devices and that our language systems (Unity, Words for Life, CoreScanner, UNIDAD, and Essence) and only available on PRC devices. You will want to submit this letter with your appeal. ***Because of this denial reason, it is important to include the name of the device and vocabulary that you’re recommending in the paperwork that the doctor signs!** Having it there means that it cannot be substituted with something else from another vendor.

Frequently Asked Questions

What if the evaluation was done by a different SLP...	
a. but I am the one who completed the trials?	b. but that SLP left before the funding was secured?
✓ Contact beth.browning@prentrom.com about what paperwork is required to move from trials to purchase if you are not the SLP who completed the evaluation.	✓ Contact PRC’s Funding Department and notify them of the change so that future correspondence will go to the new SLP on the case.
What if I don’t have my CCC’s from ASHA...	
a. because I’m a CFY under supervision?	b. because I am not an SLP?
✓ You can complete the AAC evaluation and sign it, but it must also be co-signed by your supervising CCC-SLP.	✓ You should work with the SLP to complete the evaluation together. The report will need to be signed by the CCC-SLP.