

“Making the Case” on Behalf of Individuals With Complex Communication Needs:

Advocacy Issues in AAC

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What to expect in this presentation:

We'll share how to effectively “make the case” when an insurance funding crisis occurs within your practice. This session will highlight:

- The role of a specialty Augmentative and Alternative Communication (AAC) clinic in providing services within a state and working with Medicaid as a primary funding source.
- How to effectively confront insurance prior authorization (PA) challenges and denials to sustain funding for essential SLP services for individuals needing AAC.
- AAC and policy focused arguments and references that directly confronted PA challenges and denials for essential SLP services, securing 100% appeal successes.
- Advocacy activities and processes completed in tandem with PA denial appeals to identify and address underlying causes for the increases in SLP PA challenges and denials for serving individuals with complex communication needs.
- Forward looking steps to strengthen the position of SLPs as they advocate for the services needs of individuals who require AAC.

What you will learn:

- Tools that will help SLPs address a PA/funding crisis if it happens.
- Tools that could help prevent a crisis from happening.
- Areas that the AAC community should address to protect the needs of individuals who require SLP services, advocating at local, state, and national levels related to policy and practices.
- How to amplify your advocacy efforts by accessing resources within your own organization as well as state and national professional organizations.
- Benefits and strategies of partnering with advocates for individuals with disabilities and other clinics/SLPs.

Toolkit for “Making the Case” Related to AAC Devices & SLP Services

The following AAC practice guidelines were compiled during the process of successfully confronting repeated insurance Prior Authorization (PA) challenges and denials. PA challenges and denials resulted in a significant disruption for people accessing essential services and Speech Generating Devices (SGD), even with the success in appealing denials. The conditions that made the challenges possible have not yet been fully resolved in our state, requiring additional work to assure access to SLP services and SGD. Add these references to your toolkit!



Making Your Case: Current AAC/SGD Practices & Policy Requirements		Supportive References & Resources
Assessment Models & Approaches		
Documentation reflects current assessment models & policy: <ul style="list-style-type: none">• Participation Model – documenting deficits in participation due to communication impairment.• Feature matching – matching features of AAC/SGD to needs and skills of communicator.• Criterion referenced approaches – documenting performance on functional communication tasks.• Ecological inventory strategies to tailor intervention to specific situations and partners and assess use of AAC strategies (diagnostic therapy).• Test scores are not required by Wisconsin policy and not typically an effective approach for addressing relevant assessment questions for this population. Requirements that reflect the “Candidacy Model” are outdated practice.		<ul style="list-style-type: none">• Beukelman, D. & Mirenda, P. (2013). <i>Augmentative & Alternative Communication: Supporting children & adults with complex communication needs</i>. (4th ed.) Baltimore, MD: Paul H. Brookes Publishing Co.• Ross, B., & Cress, C. (2006). Comparison of standardized assessments for cognitive and receptive communication skills in young children with complex communication needs, <i>AAC</i>, 22, 100-111.• WI Medicaid Update 99-43; Augmentative Communication Prior Authorization Guidelines (1999). ** Check your own state's policies on authorizing AAC services and devices.
Speech & AAC/SGD Use		
<ul style="list-style-type: none">• AAC can be Augmentative – used in conjunction with speech and other communication modes.• AAC can be Alternative – used instead of speech, if needed.• Young children with complex communication needs commonly need to access SLP services addressing speech & AAC.• It is a myth that a person must give up speech to use AAC or that AAC use will negatively impact speech development for children.• The need for AAC might be temporary or permanent.		<ul style="list-style-type: none">• Beukelman, D. & Mirenda, P. (2013).• Cress, C., & Marvin, C. (2003). Common questions about AAC services in early intervention. <i>AAC</i>, 19, 254-272.• Ronski, M., & Sevcik, R. (2005). Augmentative communication and early intervention: Myths and realities. <i>Infants & Young Children</i>, 18, 174-185.• Millar, D., Light, J., & Schlosser, R. (2006); The impact of AAC intervention on the speech production of individuals with developmental disabilities. <i>JSLHR</i>, 49, 248-264.

Intervention	
<p>Partner training: Comprehensive family and team training on operational features of SGD and implementation strategies to advance communication skills is not a realistic expectation following a one-month SGD rental and is not required by WI policy.</p> <p>Device manuals, training from company reps and web-based resources are not effective alternatives to SLP interventions focusing on AAC/SGD implementation since operational features of SGD are only one area of essential training.</p>	<ul style="list-style-type: none"> • Light, J., & Binger, C. (2008). <i>Building Communicative Competence with Individuals Who Use Augmentative and Alternative Communication</i>. Baltimore, MD: Paul H. Brookes Publishing Co.
<p>Generalization: Individuals with severe disabilities and complex communication needs:</p> <ul style="list-style-type: none"> • Do not automatically generalize new skills across environments and partners and thus require SLP interventions focusing on specific environments (e.g., home, school, community). • Must have consistent access to AAC systems as well as partners skilled in supporting use of the systems across environments in order for generalization to be possible. • Must have access to AAC/SGD that are customized to meet needs of specific environments in order to generalize new communication skills. 	<ul style="list-style-type: none"> • Calculator, S. (1988). Promoting the acquisition and generalization of conversational skills by Individuals with severe disabilities. <i>AAC</i>, 4, 94-103. • Light, J., & Binger, C. (2008). • Schlosser, R., & Lee, D. (2000). Promoting generalization and maintenance in AAC: A meta-analysis of 20 Years of effectiveness research. <i>AAC</i>, 16, 208-226. • Stokes, T., & Baer, D. (1977); An implicit technology of generalization. <i>Journal of Applied Behavior Analysis</i>, 10, 349-367.
<p>Language & Communicative Competence: SLPs perform essential roles in language intervention via AAC/SGD that cannot be performed by family members, non-SLPs or SGD vendors, including:</p> <ul style="list-style-type: none"> • Providing language training (e.g., training related to vocabulary, syntax, pragmatics) within the context, opportunities and limitations of the AAC system and communicator. • Demonstrating knowledge of AAC/SGD that is essential for teaching language skills using the system. • Modeling appropriate communication partner strategies to support successful use of AAC/SGD within conversations. • Customizing vocabulary and designing vocabulary displays to support communication and teach language skills across situations with multiple partners (e.g., familiar/unfamiliar). • Introducing communicators to how vocabulary and language are organized on an unfamiliar AAC/SGD system. 	<ul style="list-style-type: none"> • ASHA (2004). Roles and responsibilities of SLPs with respect to AAC: Position Statement. Rockville, MD (http://www.asha.org/policy/PS2005-00113.htm). • Beukelman, D. & Mirenda, P. (2013). • Binger, C., & Light, J., (2008) The morphology and syntax of individuals who use AAC: research review and implications for effective practice. <i>AAC</i>, 24, 123-138. • Light, J., & Binger, C. (2008). • Mirenda, P. (2008) A back door approach to autism and AAC. <i>AAC</i>, 24(3), 220-234. • Paul, R., (2007). <i>Language Disorders from Infancy Through Adolescence</i>. (3rd ed.) Mosby Elsevier, St. Louis, MO.
SLP Services & SGD Funding Policies/Requirements	
<p>SLP documentation must address state policy requirements related to SLP services and funding of SGD, including documentation of medical need and justification of need for skilled care by an SLP.</p> <p>When PA challenges or denials occur, the SLP must be prepared to identify:</p> <ul style="list-style-type: none"> • Requests for documentation or approaches not required by policy. • Statements that do not acknowledge SLP content already provided within documentation. • Requests or conclusions that depart from current SLP practices related to AAC/SGD. • Incorrect conclusions in response to skills documented by the SLP (e.g, PA review indicates lack of required communicative intent when examples of functional use of SGD have been provided in the report). <p>SGD trial period success should be measured by whether policy requirements have been met within documentation and the communicator has made documented progress toward PA approved plan of care (POC) goals.</p>	<ul style="list-style-type: none"> • WI Medicaid Update 99-43; Augmentative Communication Prior Authorization Guidelines, Section II. A. (1999). ** • WI Administrative Code HFS 101.03 (2000). ** <p>**Check your state's administrative codes/written policies related to coverage of SLP services & SGD funding. Also look for required SGD funding forms for most states at SGD manufacturers/vendors websites under "funding."</p>

<p>A trial/rental period is recommended but not required in the WI Medicaid Prior Authorization Guidelines for purchase of an SGD and thus related items (e.g., data sheets) are also not required.</p>	
Varying roles and expertise in SLP field related to AAC/SGD	
<p>ASHA recognizes that there is an acceptable range of roles related to AAC practice in the SLP field (e.g., from generalists to specialists). Specialists address all levels of AAC practice and they are typically sought out when less specialized intervention is not sufficient for establishing effective communication for someone who has complex communication needs.</p> <p>Essential roles for SLP Specialists in AAC:</p> <ul style="list-style-type: none"> • Match features of AAC/SGD systems to communicator's needs. • Provide access to needed equipment for trial. • Assure appropriate customization of AAC/SGD. • Provide language training and development via SGD. • Skilled intervention to expand communicative competence across environments and partners. • Work directly with family to address communication needs related to home, community, and medical needs. 	<ul style="list-style-type: none"> • ASHA (2004). Roles and responsibilities of SLPs with respect to AAC: Position Statement. Rockville, MD (http://www.asha.org/policy/PS2005-00113.htm). • Beukelman, D. & Mirenda, P. (2013). • Johnson, J., Inglebret, E., Jones, C., & Ray, J. (2006); Perspectives of SLPs regarding success versus abandonment of AAC. <i>AAC</i>, 22(2), 85-99. • Ebner, I. (2004) Abandonment of assistive technology, unpublished article, <i>Michigan Assistive Technology Resource (MATR)</i>.
Role of School Based Providers	
<p>School providers are obligated by law to support the communication demands of the curriculum and are not required to address needs in the home or community.</p> <p>Families are not required to exhaust all efforts to obtain essential AAC services through school prior to seeking SLP services at an AAC specialty clinic since Wisconsin Medicaid is the primary payer <i>before</i> IDEA.</p>	<ul style="list-style-type: none"> • ASHA (2002). AAC: Knowledge and Skills for Service Delivery. Rockville, MD (http://www.asha.org/policy/KS2002-00067/). • Ratcliff, A., Koul, R., & Lloyd, L. (2008) Preparation in AAC: An update for SLP training. <i>AJSLP</i>. • Simpson, K., Beukelman, D., & Bird, A. (1998). Survey of school speech and language provision to students with severe communication impairments in Nebraska. <i>AAC</i>, 14(4), 212-221. • WI Medicaid Update 2004-02; Payer of Last Resort (2004). ** Check your state's relevant policies.
Off-the-Shelf Technologies	
<p>IPads and AAC/SGD apps present the same need for skilled care from an SLP to appropriately match, customize and implement the system to achieve communicative competence. iPad based SGD present the same SLP services needs as dedicated SGD.</p>	<ul style="list-style-type: none"> • McLeod, L., (2011). Game Changer. <i>Perspectives on AAC</i>, 20(1), 17-18. • Light, J., & McNaughton, D., (2012). The changing face of AAC: Past, present, and future challenges. <i>AAC</i>, 28(4), 197-204.
Human Rights/Quality of Life	
<p>Individuals who have complex communication needs have a right to access essential AAC tools, strategies and SLP services to support reliable and efficient communication across partners and environments as well as to support their ability to learn expressive language skills.</p>	<p>ASHA-National Joint Committee for the Communication Needs of Persons with Severe Disabilities (NJC):</p> <ul style="list-style-type: none"> • Communication Bill of Rights (1992). • Guidelines for meeting communication needs of persons with severe disabilities (1992). • Position statement on access to communication services and supports: Concerns regarding the application of restrictive 'eligibility' policies (2002). (http://www.asha.org/NJC/).