

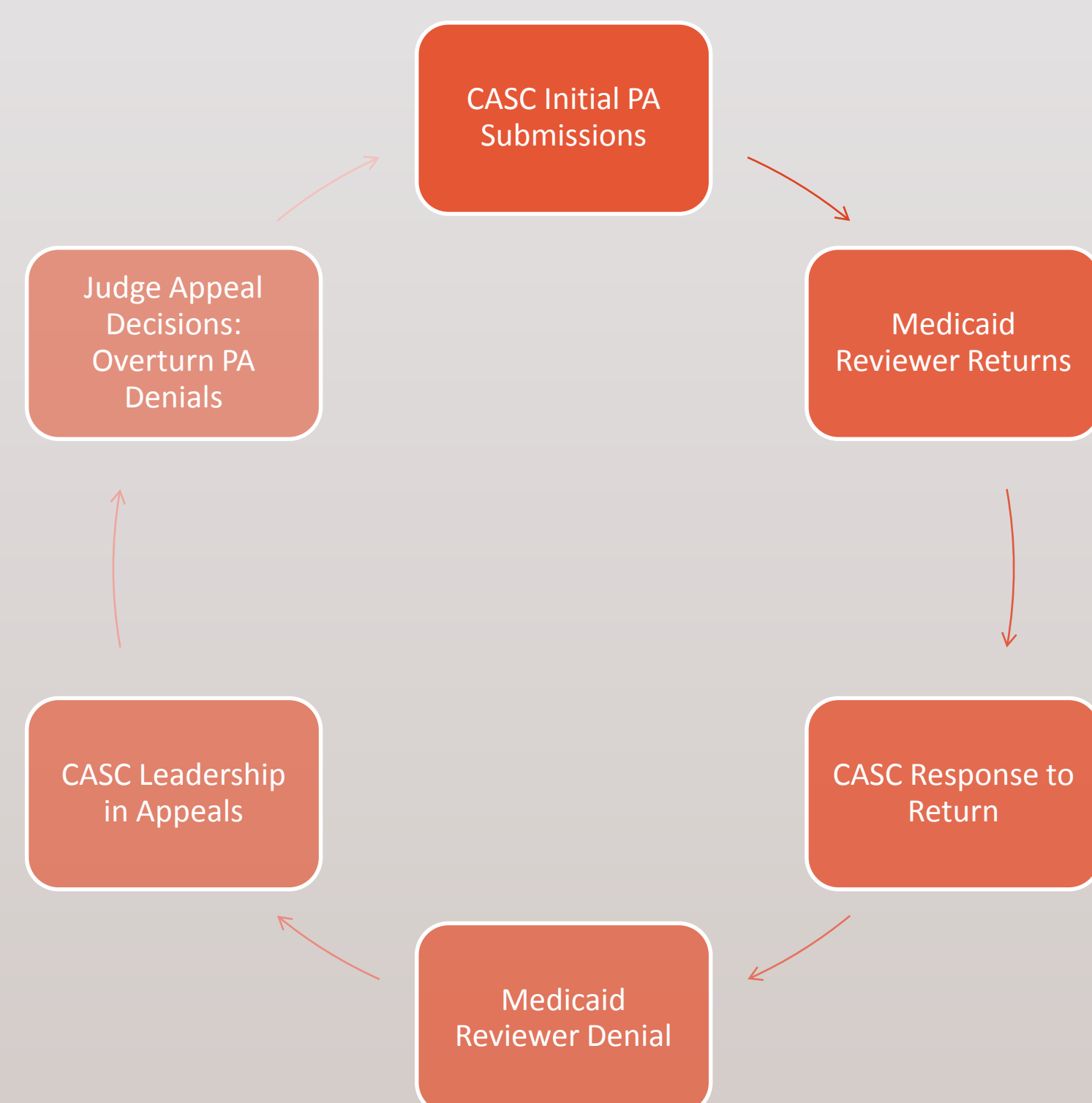
Medicaid Policies & the Impact on Equitable Healthcare: An Augmentative and Alternative Communication Perspective

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BACKGROUND

Through interdisciplinary collaboration, teams at the Communication Aids & Systems Clinic (CASC) work to provide a highly specialized, cutting-edge communication system that allows each client to find their unique voice to communicate and participate in his or her life. Augmentative and alternative communication systems can cost upwards of \$10,000-20,000 and, often times, individuals with disabilities and their families must rely on Medicaid to afford these technologies. CASC speech-language pathologists and occupational therapists collaborate to provide detailed documentation of the necessity of AAC devices and services for Medicaid approval using the following service method:



Prior to 2012, the number of approvals SGD related funding at CASC remained steady at between 90-95% of submissions. Between January-December 2012:

- Approvals dropped drastically to 35%
- Medicaid returns increased from 20% to 80%
- Medicaid denials increased from 10% to 40%

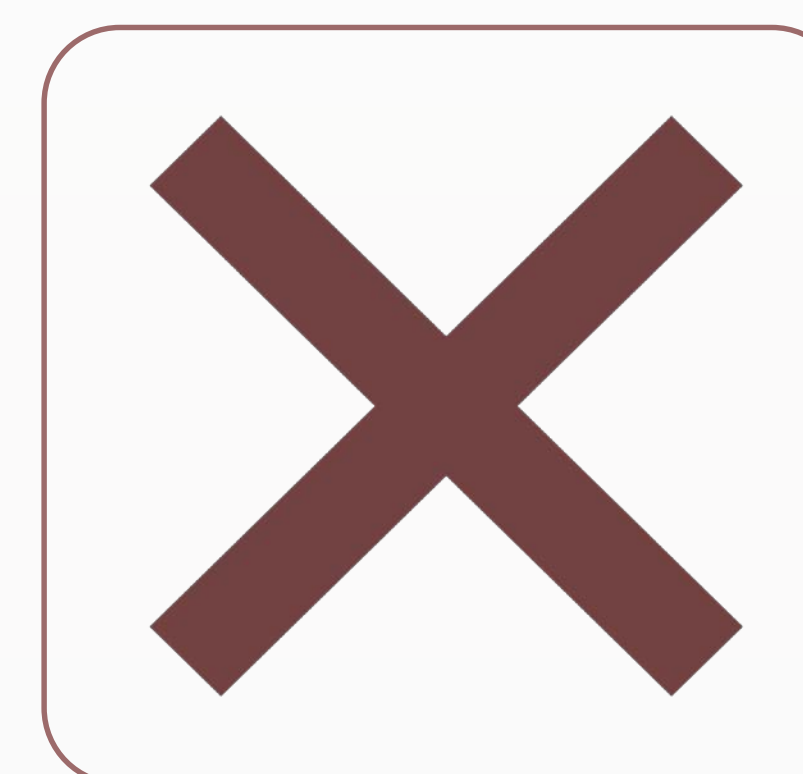


OBJECTIVES

- What were the most common errors identified by Medicaid reviewers as reasoning for returns and denials?
- How do Medicaid's review guidelines align with current best practices in the field of AAC?
- Were the steps taken to address reviewer errors efficient and effective in eliminating returns and denials? Would there be more efficient and effective alternatives to the actions that were taken?

MATERIALS & METHODS

Medicaid returns and denials were deidentified and reviewed by CASC SLPs for commonality. A list of 26 error codes was created and then categorized into three common reasons for errors seen in the graphic below:



Functional Use of AAC

SGD-A. full mastery of SGD
SGD-B. consistent use of SGD
SGD-C. documentation of novel messages
SGD-D. SGD or Speech
SGD-E. SGD abandonment warrants scrutiny
SGD-F. SGD is not a tool for language development
SGD-G. Service requests after SGD purchase
SGD-H. Test scores needed for baselines & skill confirmation
SGD-I. Diagnoses, label, behavior, past limitations define potential
SGD-M. Past SGD use negates need for training on new one
SGD-O. Included documentation was not considered
SGD-R. No determination of iPad appropriateness
SGD-S. Client already has a device; second one not needed

Need for AAC Specialist

SGD-J. Parent coaching is a not supported intervention
SGD-P. Commercial products don't require SLPs, including AAC specialist
SGD-Q. Customization doesn't require AAC specialist
SGD-T. MA does not distinguish between AAC specialists and other SLPs
SGD-U. Skills of an SLP not essential for new SGD implementation
SGD-V. Skills in SGD operations are the only essential element in implementation, negating need for SLP

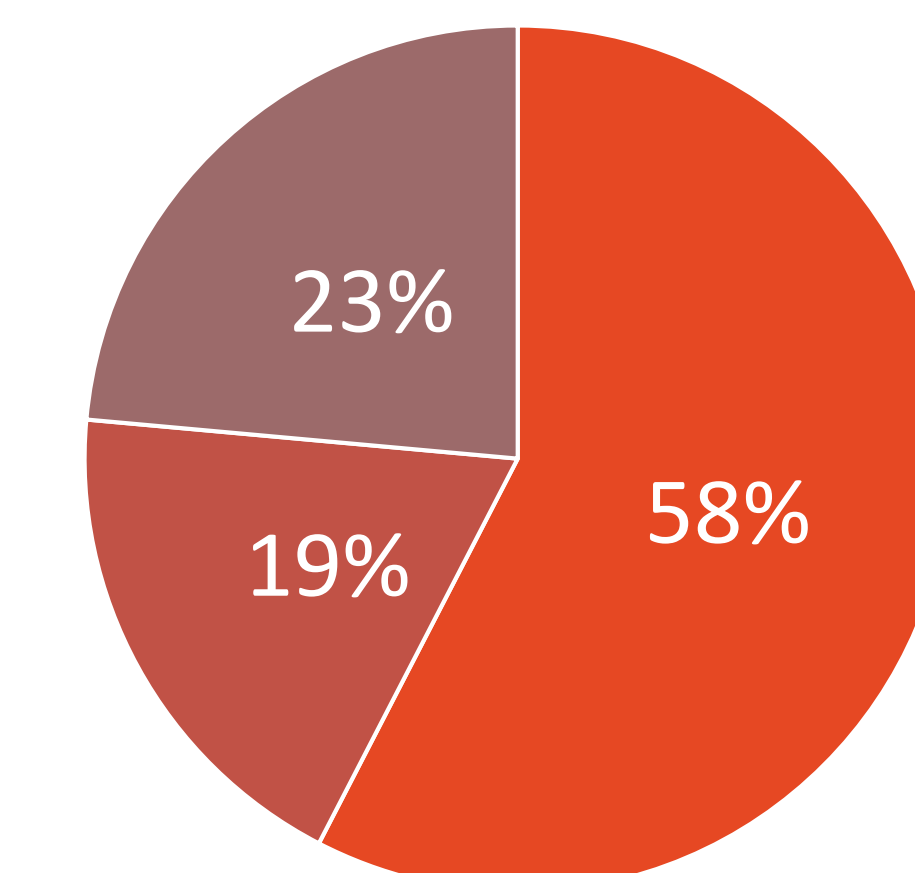
Duplication of Services

SGD-K. School based services cost effective and appropriate for all levels of AAC
SGD-L. School based services will generalize
SGD-N. Lack of coordination of services
SGD-W. Limited symbolic communication unique to school is sufficient
SGD-X. CASC plan and IEP goals are the same

Error codes were compared to current best practices in the field of speech-language pathology, including relevant documents, policies, and research, such as the American Speech-Language Hearing Association (ASHA)'s Roles and Responsibilities of Speech-Language Pathologists With Respect to Augmentative and Alternative Communication & Technical Report.

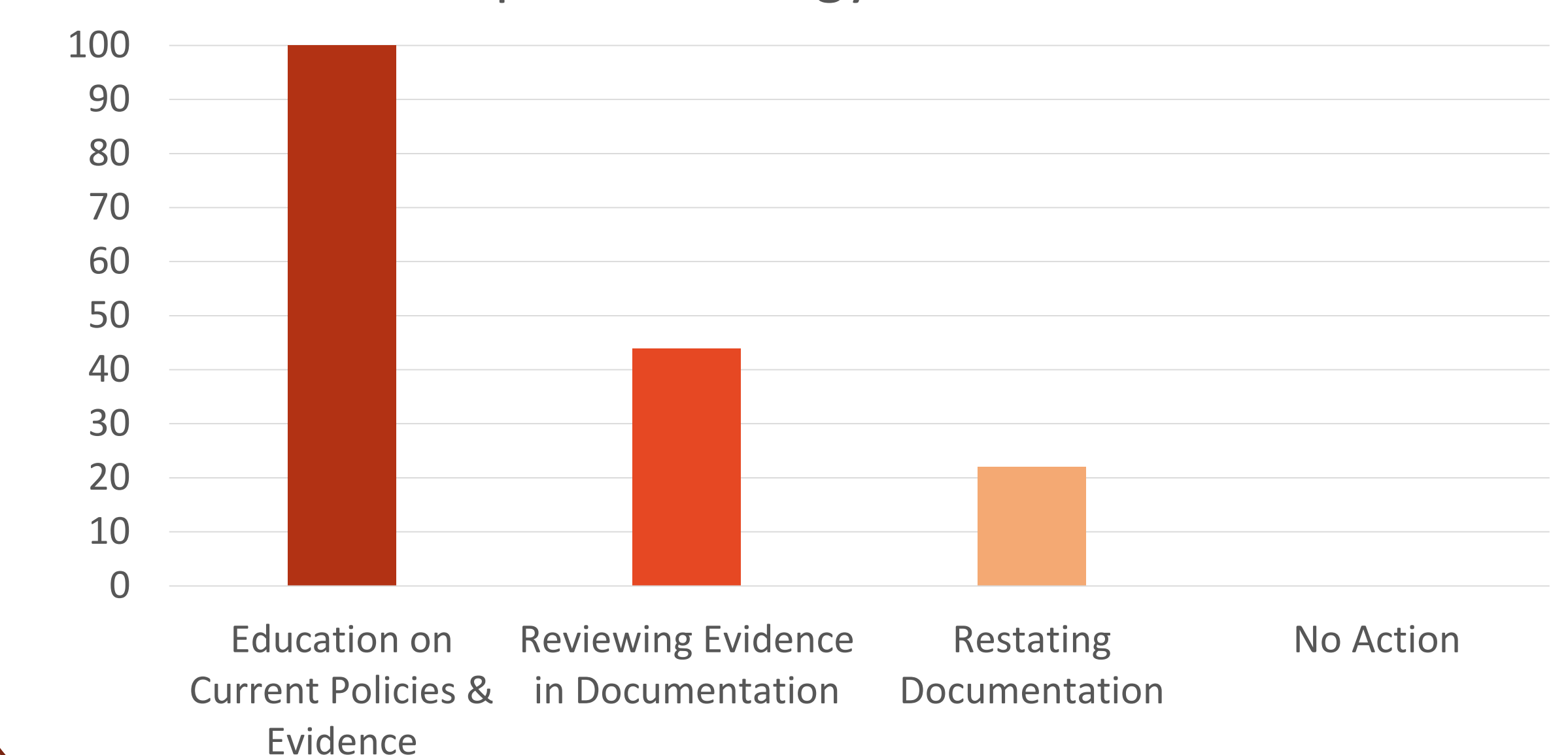
RESULTS

Percentage of Error Codes by Type



■ Functional Use of AAC ■ Need for AAC Specialist
■ Duplication of Services

Response Strategy Effectiveness



CONCLUSIONS & FUTURE DIRECTIONS

Referencing current evidence and practices in Speech-Language Pathology was the best method for successfully addressing reviewer errors.

The most common reason (57.6%) for Medicaid returns and denials was that the client did not demonstrate functional use of the device. Functionality statements as defined in Medicaid policy was found to not be in line with current best practices in the field of speech-language pathology. In analyzing the returns and denials, the following questions arose for future research:

- When the content of the Medicaid review reflected divergence from Medicaid policy/requirements or current AAC practices, what steps did CASC take to address the errors?
- After receiving documentation of current best practices did Medicaid reviewers adapt their methods in order to comply with these practices?