

Speech Generating Device Funding for Children

By Lew Golinker

For years, funding for speech generating devices (SGDs) has been one of the most challenging aspects of addressing the needs of children with severe communication disabilities. Several programs constitute the "usual suspects" for SGD funding, including Medicaid and insurance among health benefits programs, and special education services under the Individuals with Disabilities Education Act (IDEA). Over time, additional SGD funding programs have been discovered and almost all of the controversy associated with SGD funding has been resolved.

For this reason, parents and speech-language pathologists (SLPs) should expect a "yes" from the very first funding decision: that every child determined to need a speech generating device will receive that device with funding support from one or several funding sources. Parents and SLPs should assume that any denial decision is wrong and can be overturned if appealed.

Every state Medicaid program covers SGDs for children. SGDs are covered almost uniformly as items of durable medical equipment (DME); in the few states where SGDs are not DME, they are covered as prosthetic devices. Both DME and prosthetic devices are benefits that every state must cover under the Medicaid Early and Periodic Screening Diagnosis and Treatment (EPSDT) service. Presently, Medicaid SGD funding is all but routine. To make that outcome possible, most states have SGD specific coverage criteria that outline the SLP evaluation and report. Medicaid programs recognize that SGDs are a form of treatment for severe communication impairments and are medically necessary when treatments directed to natural communication methods such as speech, writing or sign language will not be sufficient for the child to meet all daily communication needs.

Medicaid programs also will cover the SLP evaluation and subsequent SLP treatment related to SGD use. These services also are required to be covered under the Medicaid EPSDT benefit. Medicaid coverage also extends to the SLP services provided by public schools. Schools can be reimbursed by Medicaid for the SLP services provided to Medicaid eligible children.

Like Medicaid, health insurance (whether provided through insurance policies or employer-sponsored health benefit plans) covers SGDs. As with Medicaid, SGDs most commonly are covered as items of DME. If not DME, they are covered as prosthetic devices. The same standard of medical need is applied among Medicaid programs and insurance. Also, dozens of insurers have their own SGD coverage policies or criteria. These can be found on the insurers' web pages.

Occasionally, insurance policies and health benefits plans will include a SGD coverage exclusion. They are by far the exception to the norm. Exclusions will cause SGD funding requests to be denied, but in many circumstances, they will not control the final decision. For example, several employer-sponsored plans identified SGDs as an example of "comfort or convenience items," which are excluded from coverage. This is baseless. There are not facts to support that conclusion, and there is no cost-based justification for any type of SGD exclusion. To date, every plan in which this exclusion has been identified has agreed to remove it upon request.

A third source of SGD funding among health benefits programs is Tricare, which covers the children of active duty military personnel and those of military retirees. Tricare covers SGDs as prosthetic devices, and has adopted SGD coverage criteria.

Less common as a funding source for children is Medicare. Medicare covers SGDs as items of DME and has its own SGD coverage criteria.

Health benefits programs are the best option for SGD funding. These programs all have experience with SGD funding requests and many have adopted coverage criteria to remove the guesswork (and controversy) from SGD funding. In addition, their covered services are directed specifically to the child's "need" for an SGD: to treat severe communication impairments, such as dysarthria, apraxia, and severe expressive communication disorder. SGDs are needed because other forms of treatment directed to natural communication methods will not enable the child to meet all daily communication needs. These facts make the "medical" need for an SGD unarguable.

Recent eligibility expansions among the State Child Health Improvement Program (S-CHIP) and Medicaid have reduced the number of children who have to consider non-health-based funding sources for their SGDs. Whatever may emerge from Congress as national health care reform hopefully will reduce their number even further. However, for any children with no health based funding option, the public schools are an alternative SGD funding source. School funding for an SGD will be based on schools' IDEA obligation to provide a "free appropriate public education."

Other SGD funding sources are state telecommunications equipment distribution programs (T/EDPs). T/EDPs exist in most states and will provide equipment, including SGDs, to enable individuals with severe speech impairments to access the telephone. If the SLP evaluation and report considers phone use among the child's daily communication needs, an application to a T/EDP should be considered. Even though the T/EDPs

have as their primary focus telephone communication, nothing will prevent use of a device for face-to-face communication as well.

In sum, one or several funding sources

are likely to be available to all children with severe communication disability who are identified with SGD need. For further information, parents and SLPs should see www.aacfundinghelp.com.

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