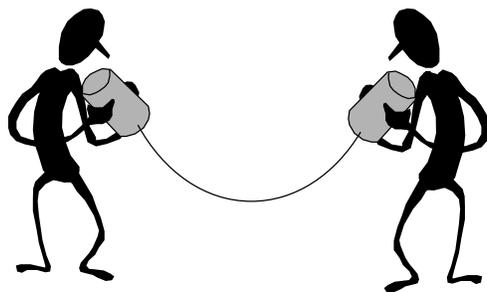


**A GUIDE TO MEDICAID FUNDING
IN VERMONT
FOR
COMMUNICATION EVALUATIONS
AND DEVICES**



Created by
The Vermont Communication Task Force

2013

**A Guide to Medicaid Funding
in Vermont
For Communication Evaluations and Devices**

Created by
The Vermont Communication Task Force
with technical assistance from:
Mary Alice Favro, MA, CCC-SLP – UVM
June Bascom, MEd – DAIL
Susan Mason, PT, MEd, ATP – DVHA Clinical Consultant

2013

Members of the Vermont Communication Taskforce are available to offer training, consultation or guidance to people receiving support, their families and friends, case managers and support staff.

For more information, contact:
The Vermont Communication Taskforce
c/o The Division of Disability and Aging Services
Department of Disabilities, Aging and Independent Living
103 South Main Street
Waterbury, Vermont 05671-1601
Phone: 802 871-3065
Fax: 802 871-3052
www.dail.vermont.gov

TABLE OF CONTENTS

I. Funding Sources	1
Medicaid.....	1
Medicare.....	1
Private Insurance.....	1
Schools.....	2
Adults with developmental disabilities.....	2
II. Some Definitions	2
How does Medicaid define an “augmentative communication (AAC) device?”.....	2
How does Medicaid define “Medical Necessity”?.....	2
What is the Prior Authorization (PA)?.....	3
III. Prior Authorization Process	4
A. Eligibility for Medicaid.....	4
B. Find a Speech Language Pathologist (SLP) with AAC experience.....	4
C. Complete the AAC evaluation.....	4
D. Determine which device to borrow/rent.....	5
E. Arrange for rental with the device manufacturer.....	5
F. Prepare for loaner/rental.....	6
G. Loaner/Rental period.....	6
H. Obtaining device.....	7
IV. Medicaid Response Process	9
A. Approval.....	9
B. Informational Status.....	10
C. Denial.....	10
V. Appeal Process	10
VI. Training/ Follow-up Consultation	10
VII. Additional Information	11
Appendices	
Appendix A: Device Features List	
Appendix B: Disability Law Project Offices by County	
Appendix C: Resources for Information on Funding	
Appendix D: Obtaining a Communication Device Flowchart	

A Guide to Medicaid Funding in Vermont for Communication Evaluations & Devices

If a person has limited ability to communicate he/she may benefit from an augmentative alternative communication (AAC) device. This guide will help you follow a process to obtain a communication evaluation and a communication device if an individual is eligible for Medicaid funding. Although other funding sources are described below, the primary focus of this guide is the Medicaid funding process.

I. Funding Sources

Medicaid will pay for the rental and purchase of augmentative communication devices to assist a person who is a Medicaid beneficiary when the person is unable to effectively communicate their needs, especially medical needs. Medicaid will also pay for an Augmentative / Alternative Communication (AAC) evaluation if a physician prescribes it and the Speech Language Pathologist (SLP) completing the evaluation works for an agency, practice or hospital that accepts Medicaid or is an active Medicaid provider (for beneficiaries under age 21). If there is any other insurance (e.g., Medicare, private insurance), Medicaid is the payer of last resort. This means you must request the other insurances, including Medicare, to pay for the device and receive a written explanation of denial (Explanation of Medical Benefits – EOMB) before asking Medicaid.

Medicare will cover certain (through Part B funding) assistive technology (AT) devices such as power wheelchairs and augmentative communication devices. If an adult has coverage by both Medicaid and Medicare, the request for funding must go to Medicare first. If approved, Medicare will pay for 80% of the Medicare approved rate. Medicaid may then cover the rest, up to its allowable rate. If you have specific questions, you can contact Medicare customer service by calling: **1-800-MEDICARE (1-800-633-4227)**. A good reference for Medicare information is AAC-RERC: <http://aac-rerc.psu.edu/index.php/pages/show/id/5>.

Private insurance may pay for an augmentative communication device or system depending on the coverage the individual has in their plan. If a person has private insurance coverage and Medicaid, you must first request payment from the insurance company and receive a written explanation of denial (Explanation of Medical Benefits – EOMB) before asking Medicaid. If the denial is due to exhausted benefits or not being a covered service, Medicaid becomes the primary payer and Medicaid rules apply. However, if the insurance denies for lack of medical necessity, then there must be an appeal to the primary insurance and then an appeal to Department of Banking, Insurance, Securities and Health Care Administration (BISHCA). (Medicaid Policy 7105.1 Interpretive Memo)

Schools may purchase the necessary communication evaluations and equipment for people who receive school services and have the need for communication supports documented in the Individual Education Plan (IEP). Most schools have a contract with Medicaid and contract directly with SLPs to provide evaluations and follow-up supports. An evaluation can be accessed either through the school system or through an SLP who is an active Medicaid provider (for beneficiaries under 21) or who works for an agency, practice or hospital that is a Medicaid provider. If the school uses school funds to purchase the device, it remains the property of the school after the individual graduates. A school may purchase the device and then send the invoice to the Department of Education who will forward to the Medicaid office for clinical evaluation. If the device is found to be medically necessary, the school may be reimbursed for a portion of the cost and the device can remain with the student. All devices paid for with Medicaid funding belong to Medicaid, not the school or the beneficiary. In all cases, the requested service/item must be **medically necessary** and must go through an authorization process.

Adults with developmental disabilities may be able to access their developmental services home and community-based waiver by transferring existing waiver funds to “Clinical” support, or by accessing “one-time funding”, if available, to pay for the evaluation. To do this, the person’s individual needs assessment must document the need for a communication evaluation. The needs assessment can be updated at any time as part of a periodic review. The Individual Support Agreement (ISA) must also reflect the need for a communication evaluation in order for funding to be included in the person’s developmental disabilities services budget.

II. Some Definitions

How does Medicaid define an “Augmentative Communication (AAC) Device”?

As defined by Medicaid, “An augmentative communication device or system transmits or produces a message or symbols in a manner that compensates for the disability of a person with severe communication impairment.” (Medicaid Policy 7507)

How does Medicaid define “Medical Necessity”?

“ ‘Medically necessary’ means health care services, including diagnostic testing, preventive services, and aftercare, that are appropriate, in terms of type, amount, frequency, level, setting and duration to the beneficiary’s diagnosis or condition. Medically necessary care must be consistent with generally accepted practice parameters as recognized by health care providers in the same or similar general specialty as typically treat or manage the diagnosis or condition, and

- Help restore or maintain the beneficiary’s health; or
- Prevent deterioration or palliate the beneficiary’s condition; or
- Prevent the reasonable likely onset of a health problem or detect an incipient problem.”

Specific examples of Medical Necessity in everyday life could include:

- Being able to communicate medical needs or prevent secondary impairments (e.g., “He will be able to communicate where he is experiencing pain.”)

- Being able to provide feedback on treatment or therapy programs (e.g., “*She will be able to tell the physical therapist how a foot brace is working for her.*”)
- Increasing independence (e.g., “*She will be able to communicate about her health and safety to an unfamiliar person independently.*”)
- Increasing personal safety (e.g., “*He will be able to better call for help when needed.*”)
- Expressing basic needs (e.g., “*She will tell someone when she needs to use a restroom.*”)

For EPSDT-eligible beneficiaries (ages Birth – 21st birthday), medically necessary includes “*a determination that a service is needed to achieve proper growth and development or prevent the onset or worsening of a health condition.*” (Medicaid Policy 7103) Additionally, there is coverage for items or services which result in the “*maximal reduction of physical or mental disability and restoration of an individual to the best functional level.*” (Medicaid Policy 4100)

Medicaid will pay for covered services/items, which include:

- Non-powered devices;
- Battery-powered systems such as specialized typewriters;
- Electronic or computerized devices (such as electrolarynges, portable speech devices, hand-held computers and memo pads, typewriter-style communication aid with LCD and/or synthesized speech, electronic memo writers with key or membrane pad, customized assisted keyboards, scanning devices including optical pointer, single switch, mouse, trackball, and/or Morse code access, laptop or micro computers and computer software);
- Modification, programming or adaptation of Medicaid-purchased devices when provided by qualified speech/language providers; and
- Repairs/service on Medicaid-purchased items after one year from purchase and when the repair/service is provided by qualified vendors. (Medicaid Policy 7507.2)

Medicaid will not pay for non-covered services/items, which include:

- Personal computers and printers or equipment used for environmental controls. More than the primary piece of equipment; duplicate services/equipment in multiple locations will not be covered.
- Replacement equipment if the existing device or system effectively addresses the beneficiary’s needs.
- Environmental control devices.
- Devices that do not primarily address a medical need.
(Medicaid Policy 7505.5, 7507.3, and 7507.5)

What is the Prior Authorization (PA)?

Rental or purchase of AAC devices requires Prior Authorization. You must receive Prior Authorization before the device may be rented or purchased if you want Medicaid to pay the rental fee and/or for the device. Many vendors provide loaner equipment for trial purposes and Medicaid expects that Speech and Language Pathologists will try and obtain loaner equipment before requesting Medicaid pay for a rental.

III. Prior Authorization Process

A. Determine Eligibility for Medicaid

The developmental services agency will most likely know if the person has Medicaid. All people who receive home and community-based waiver services are eligible for Medicaid. If you need to verify an individual's Medicaid eligibility, call Department of Vermont Health Access (DVHA) Member Services at 1-800-250-8427.

If a Medicaid provider has questions, they can call the DVHA Provider Services number at 1-800-925-1706.

B. Find a Speech Language Pathologist (SLP) with AAC experience and find funding to pay for an AAC evaluation

1. Get list of SLPs knowledgeable in AAC. See the *Augmentative and Alternative Communication (AAC) Consultants* list at: <http://ddas.vermont.gov/ddas-boards/boards-dds/boards-dds-vctf/>. If the individual attends school, there may be a school-based SLP with experience in AAC who can complete the evaluation.
2. To determine what the evaluation will cost and what it will include, ask the SLP the following questions:
 - Do you accept Medicaid? If not, can you recommend an SLP who does?
 - What is your fee for an AAC evaluation?
 - Does the fee include follow-up visit(s) during or after the trial/rental period? (This is a Medicaid expectation.). If not, what is the fee for that service?
 - What documentation is included in the fee (e.g., evaluation report, letter to Medicaid documenting need for device after trial/rental period)?
 - If not, what is the fee for generating reports and/or letter for funding?
 - Where will the evaluation take place (e.g., home, community, SLP office/clinic)? \How long will the AAC evaluation take?
 - What role will family members and/or staff have in the evaluation process?
 - What is the fee for initial training and support for teams when individual receives a device?
 - How soon after the evaluation can we expect your report?

C. Complete the AAC evaluation

1. The evaluation should assess the person's skills, needs, etc. regarding communication and preferably take place in the person's familiar environment(s).
2. Expect a report that describes the person's diagnosis; a brief history; the person's communication needs and recommendations for specific features; requirements of the communication device; a list of devices to consider; and strategies to support communication. It should take into consideration the long-term viability of the device for the person.

3. Medicaid has an evaluation form and prescription that the SLP must use; it can be accessed at the Medicaid website:
<http://dvha.vermont.gov/for-providers/aac-eval-042012.pdf>
<http://dvha.vermont.gov/for-providers/aac-prescription-for-ipad-ipod-031313.pdf>
<http://dvha.vermont.gov/for-providers/aac-prescription-e2510-12-not-for-ipad-ipod.pdf>

D. Determine which device to borrow/rent

1. Develop list of device features.

With the SLP and/or using the SLP's report, **develop a list of device features** you think are needed in a communication device for the person. Make a list of all the possible features the person might need in a device. Then you will have an objective list to use when comparing devices with the person's needs, rather than getting distracted by the "dazzle of technology." See Appendix A for a thorough listing of device features/needs to consider.

For example, a team for a man in his 20's developed the following list of device features that the device/system must have:

- Understandable voice to unfamiliar people
- Able to use outside and in varying weather conditions
- Durable and sturdy
- Portable and easy to carry
- Choice of voices so he can choose the one that sounds best to him
- Can be programmed "on the fly" as they move from activity to activity
- Typing capability so he can generate words and/or sentences
- Able to have phrases and words on display, not just keyboard, to speed up communication
- Visual display or printout, (e.g., on a screen or printed display so he can read message)

2. Contact the company who supplies the desired device and, if possible, get a visit and demonstration from company representative. This can be a challenge in Vermont.
3. If you can't arrange a visit, ask the company if there are videos, on-line resources and/or CDs available to show you the features of the different devices.

E. Arrange for loaner / rental with the device manufacturer or Durable Medical Equipment (DME) supplier

1. A loaner / rental period of 4 weeks is required by Medicaid to determine whether it will meet the person's current needs and accommodate reasonable anticipated future needs. Medicaid will pay for a rental for no more than four weeks per device if a loaner cannot be obtained.

2. Contact the company (e.g., the DME supplier) about their rental fees, rental policy/process, training, and how long the process will take. Tell them Medicaid is the funding source for the device. Most AAC device manufacturers have funding departments and funding guides to assist with funding through Medicaid.
3. Be aware that some companies may have a waiting list on some rental units.
4. For Medicaid to pay for the rental, have the SLP complete the screening report and send it to the DME supplier. The DME supplier may have other paperwork for you to complete and send to them.
5. DME supplier will identify all needed equipment for the rental, complete Medicaid paperwork and send this information to the Department of Vermont Health Access (DVHA) / Medicaid.
Note: some aspects of some devices can be trialed on-line.

F. Prepare for loaner / rental

1. The person must demonstrate success in using the device during the trial period. This means short-term goals need to be designed for the person that can realistically be met during the trial period.
2. You may want to contact the SLP who completed the evaluation for ideas on goals to set.
3. Determine which activities will be most useful for the person to demonstrate whether they can use the device to communicate effectively. These could include expressing basic wants and needs, asking for help, communicating with a medical professional, etc.
4. Develop communication boards on paper with appropriate vocabulary for the desired activities or create paper copies of the pages provided in the device software. The boards should be arranged so that they look as much as possible like the display of the device to be rented.
5. Have the individual learn the vocabulary on communication boards by using them in the activities prior to receiving the device for the loaner / rental period.
6. Have all communication partners point to the symbols on the communication boards while they speak in order to demonstrate how to use the board and help the individual learn the meaning of any unfamiliar symbols and vocabulary.

G. Loaner / rental period

It is a Medicaid expectation that DME providers will allow access to loaner devices for 30 days for evaluation purposes.

1. If Medicaid provides Prior Authorization (i.e., approval) of the rental, the device will be sent to the person listed on the rental request.
2. Plan extra time in staff schedule to program the device promptly upon its arrival and learn how to operate the device.
3. Program in the vocabulary exactly as it was organized on the paper communication boards, if not using pages provided within device software.
4. Have the individual use device as much as possible during loaner / rental period.
5. During the trial period, have the SLP evaluate the person and the person's use of the device/ system and make adjustments, as needed, in the short-term goals and the plan to achieve them.
6. Work with the SLP to establish data collection points to demonstrate whether the device is efficacious for the user. Objective data must be submitted with the SLP evaluation. Some device manufacturers have data collection sheets to use.
7. Evaluate the device based on the goals established and if the device seems to fit individual's needs and skills. Refer to your device feature list to determine if device is a good match with the priorities of this list.
8. If device is not a good match for the individual, choose another device to borrow / rent. (The SLP could be useful with this decision.) Contact the DME supplier of the next device you would like to borrow / rent. Submit a request for prior approval for rental (as you may have done for the first device). Repeat the steps in section III E, F & G for the new device and evaluate to see if it fits the individual's needs and skills. A prescription form that prescribes the new device to be rented must be completed by the SLP and submitted when you request another rental. You can use the original prescription form that was previously signed if it is not over 6 months old.
9. VT Medicaid considers it essential that family/primary caregivers be involved in the device trial and receive a high level of support for use of the device. For individuals in a school setting, it is not considered an adequate trial if the trial occurs only or primarily in the school setting.

H. Obtaining device

Department of Vermont Health Access link for procedures:

<http://dvha.vermont.gov/for-providers/aac-procedure-031313.pdf>

Always use the link for the most current information and most current version of forms.

Procedure for iPad/iPod Speech generating/augmentative communication devices as of April 23, 2012:

1. SLP determines that a need exists and begins the evaluation process. If SLP is not a Vermont Medicaid enrolled provider, collaboration must occur with an enrolled provider; the enrolled provider must prescribe the device.
2. SLP accesses a trial device: contact the UVM Center for Disability and Community Inclusion Access and Assistive Technology Try-Out Center at 802-656-4767 or cddcat@uvm.edu.
3. SLP supervises a full 30 day trial with intensive data collection.
4. SLP completes Prescription form and Ownership form.
5. SLP sends the above documentation to Vermont Medicaid via fax to: 802-879-5963.
6. The Prior Authorization (PA) record is set up, using the prescribing SLP and the Medical Doctor (MD), Nurse Practitioner (NP), or Physicians Assistant – Certified (PA-C) as providers of record.
7. Clinical review is performed. If information is missing, a Notice of Decision (NOD) requesting this information will be sent to the SLP, the MD, NP, or PA-C and the beneficiary.
8. Upon approval, Notices of Decision (NODs) are sent by Vermont Medicaid's fiscal agent Hewlett Packard Enterprises (HPE), to the SLP, the MD, NP, or PA-C and the beneficiary.
9. DVHA reviewer faxes iPad/iPod prescription and a copy of the NOD to Small Dog Electronics.
10. Small Dog Electronics sends claim information including pricing to HPE for reimbursement.
11. The device is sent to the SLP, or is picked up at Small Dog Electronics, by the SLP.

Procedure for all other speech generating/augmentative communication devices:

1. SLP, who does NOT need to be a Vermont Medicaid enrolled provider, determines that a need exists and begins the evaluation process.
2. SLP accesses a trial device from the durable medical equipment (DME) provider.
3. SLP supervises the full 30 day trial with intensive data collection.
4. SLP completes evaluation and prescription form.
5. SLP sends evaluation and prescription form to DME provider.
6. DME provider completes the Ownership form with the beneficiary.

7. DME provider compiles the evaluation / prescription, manufacturer information on the device, and the Ownership form and faxes to DVHA: 802-879-5963.
8. The Prior Authorization (PA) record is set up, using the DME provider and MD, NP, or PA-C as providers of record.
9. Clinical review is performed. If information is missing, a Notice of Decision (NOD) requesting this information will be sent to the DME provider, the MD, NP, or PA-C and the beneficiary. It is the responsibility of the DME provider to contact the SLP if additional clinical information is required.
10. Upon approval, NODs are sent by HPE to the DME provider, the MD, NP, or PA-C and the beneficiary.
11. The DME provider submits a claim to HPE for reimbursement.

IV. Medicaid Response Process

1. Medicaid will issue a notice of decision to the beneficiary, the prescribing physician, and the DME provider within three (3) working days of receiving all necessary information. If they have not received a notice after 14 days, contact DVHA Member Services at 1-800-250-8427.
2. Medicaid will send the notice of decision to the DME provider, beneficiary and the attending physician.
3. There are three different decisions Medicaid can make:
 - A. **Approval** of the device
 - B. **Informational status (I-status)**– this is not a denial, but a request for further information or clarification
 - C. **Denial** of the device

A. Approval

If the device is approved, the device must be purchased from a Medicaid enrolled DME supplier within 6 months. The DME supplier will make arrangements to have the device sent to the individual or to the SLP in the case of the ipad/ipod. Medicaid pays the supplier directly. If the supplier was the source of the trial rental, the cost of the rental may be deducted from the cost of the device.

If more than 6 months has elapsed, the prior authorization needs to be resubmitted to the DME supplier along with:

- Copy of the original letter of approval from Medicaid, and
- Letter stating that the person did not get the device ordered within the 6-month timeframe, the reason why this was not done, and that the device continues to be medically appropriate.

B. Informational status

Medicaid will notify the person, the physician and the DME provider in writing informing them of the information and/or documentation that is still needed and where to send it. The inquiry will be addressed specifically to the physician or DME provider, who has 12 days to get the additional information to Medicaid.

It is suggested that the additional information be sent into Medicaid as quickly as possible to keep the process on track. Medicaid will then make a final decision (i.e., approval or denial). The final notice of decision will be made within three working days of receiving the complete information. Information can be faxed to DVHA at 1-802-879-5963.

If the information is not received within 12 days, the device may be auto-denied. A new request can be generated by sending the additional information requested. It is not necessary to resubmit the entire paperwork package again.

C. Denial

If the device is denied, Medicaid will send an explanation on why the device was denied. Information on how to appeal this decision appears on the back of the Notice of Decision. If information was missing, providing the additional information will re-open the prior authorization process. Otherwise, the beneficiary may want to appeal the decision if, for example, there is additional information that may support approval of the device, or if it is felt that Medicaid policy was not followed in the decision-making process.

V. Appeal Process

1. Appeal the decision by following the directions printed on the back of the Notice of Decision form.
2. Appeal must be filed within 90 days of denial. It is best to start the appeal process immediately.
3. The beneficiary does not need an attorney, but the Disability Law Project can assist a person with the process. See Appendix C for phone numbers or go to their website: <http://www.vtlegalaid.org/our-projects/disability-law-project/>

VI. Training / Follow-up Consultation

There is an expectation by Medicaid that the DME provider or manufacturer will maintain adequate and continuing service support for the device. Initial purchase of the device includes:

- Warranty of the device, usually for one year, after which time Medicaid will pay for repairs.
- The manufacturer or supplier may provide initial training. Any training, beyond that is not covered in the purchase.

However, training necessary for the device user may be obtained through speech therapy services, which again requires that the SLP providing the training must work for an agency, practice or hospital that accepts Medicaid. This can be challenging, as many SLP's in Vermont with AAC experience do not accept Medicaid payments. One option is to contact local home health agencies or hospitals to locate an SLP who accepts Medicaid. An alternative is to build this cost into a person's Developmental Services Medicaid waiver. Initial training and support from someone knowledgeable with the device is critical and can mean the difference between success and failure for the individual using it. Training for all members of the person's team, including the individual, the person's family and friends, home provider and support staff is very important.

VII. Additional Information

1. Medicaid will only pay for one primary augmentative communication device.
2. Replacement equipment will be provided only when the existing device no longer effectively addresses the person's needs.
3. All devices must carry a one-year warranty.
4. When Medicaid purchases a device, it is for the expressed use of the individual for whom it is purchased and it is expected the individual will have the use of it and access to it at all times. Medicaid retains ownership of the device. If the device is no longer suitable for the person, the device must be returned to Medicaid and not stored or given to another individual.

If you have questions about the process, you may contact:

Department of Vermont Health Access

312 Hurricane Lane

Williston, VT 05495

Phone: Member Services – 1-800-250-8427

Phone: Provider Services – 1-800-925-1706

Division of Disability and Aging Services, DAIL

103 South Main Street

Waterbury, VT 05671-1601

Phone: 802-871-3065

References:

Wasson, C., Arvidson, H., & Lloyd, L. (1993). Technology Selection, Ch. 14 in L. Lloyd, et.al., *Augmentative and Alternative Communication: A Handbook of Principles and Practices*. Boston, MA: Allyn & Bacon, p. 230.

APPENDICES

Appendix A – Device Features List

Here is a list of device features/needs to consider:

ACCESS – How the person actually accesses or uses the device.

- **Direct selection** – for individuals who use pointing to access a device. Does the person point to access the device? If so, how? Using finger, fist, eyes, etc. Can they swipe, pinch, dwell, and other motor movements needed to access a mobile device?
- **Auditory scanning** – for individuals with limited vision. They listen to a series of messages that are spoken by the device and choose which one they want.
- **Visual scanning** – Person has difficulty pointing to messages, so watches device as each message is “lit up” and then indicates their choice after the one they want has been lit. Usually use a switch to make choice.
- **Switch access** – Person needs to use switch to activate their choice. Which type of switch will be used? Can the device accommodate that switch?
- **Flexible grid size** – Different size and number of cells/keys on display (e.g., 4 cells, 8 cells, etc.) to accommodate motor or visual skills the individual may have. Does the user need different sized cells on the device?
- **Adjustable activation delay** – Important for people who have some trouble with motor control. If they move their finger across the display or, when using a switch, need extra time to activate the switch after their message has been highlighted, it is good to have this control. It allows timing of an activation to be changed. Does the person need to have an adjustable feature related to activation timing on the device?
- **‘No repeat’ function** – Helpful for people who have trouble lifting their finger/hand from the display. With this feature, the device will only speak the message they have chosen once rather than repeat it until the finger is removed from the cell. Does the person have difficulty motor-wise lifting their finger/hand from a display quickly?
- **Activation feedback** – A signal to the user that they have made a choice. Does the user need to have a sound (auditory), a light (visual), or a movement (e.g., push down on cell = tactile) to let them know they have made a choice?

OUTPUT – How information or message from the device is conveyed

- **Voice output** – Digitized speech is more natural sounding and is usually recorded into the device by speaking person. Synthesized speech is a computer-generated voice and less natural sounding. Which type of speech, digitized or synthesized, would be easier for the user to understand and/or which type would they like to have for their “voice?”
- **Text-to-speech capability**- This allows messages to be typed into the device to be stored and spoken by the device (vs. messages being spoken into the device). It allows the user to produce their own messages independently as long as they can type. Does the person need to be able to type in messages independently?
- **Visual display** – A dynamic display has symbols/pages that change or move (e.g., when the screen is touched). A static display has symbols/pages that do not move or change (e.g., paper page with symbols, words, etc.). Can the person see and understand dynamic displays? Do they need a display that will not change? Will color or black/white be best?
- **Visual clarity** – How clear and detailed the display is. How clear and detailed does the display need to be for the person to see it easily?
- **Print output** – Some devices have can print out a message; make a hard copy of a message. Does the person need to have their message printed out by the device?

ACCESSORIES-Additional items that may make use of the device successful

- **Monitor glareguard** – A guard to prevent glare from lights, sunlight, etc. Does the monitor of the device need a guard?
- **Mounting capability** – Allows the device to be mounted on a desk, walker or wheelchair. Does the device need to be mounted for the person to use it? If so, can the device be mounted?
- **Expanded keyboard** – A larger than normal size keyboard for individuals with motor control challenges. Does the individual needs a larger than normal keyboard, can the device support that?
- **Moisture resistance** – Especially important if person drools or will use device outside a lot. Will the device need to be protected from moisture?

- **Key guard** – Important for person who does not have great motor control, but still can point to make choice. Key guard allows them to drag their hand/finger over the display and not activate all the cells. Does the person need a key guard that will allow them to access a cell on the display without activating a neighboring cell?
- **Additional Accessories** – These could include a carrying case, extra charger, mount for wheelchair, etc. Are there any special accessories needed?

PROGRAMMING CONSIDERATIONS

- **Ease of programming** – Consider how easy or difficult the device is to program. How much support will be needed to program the device?
- **Technical support** – This support available from the manufacturer and includes toll free numbers, help-line, videos, etc. What type of support does the manufacturer offer? What type of support will be needed?
- **Computer interface** – Allows device to be connected to a computer. Does the device need to connect to a computer (e.g., to print out information)? Does the person need to use the device to operate a computer?
- **Environmental control** – This enables the person to control appliances using the device (e.g., dialing the phone, turning on/off lights or stereo, etc.). Does the device have capability of operating other appliances?

MEMORY/SYMBOL CAPABILITY

- **Memory: multiple levels** – Refers to how much memory is available in the device to store messages. What are the memory capacities of the device? Will they meet the vocabulary/access needs of the individual?
- **Vocabulary size** – Relates to memory of device. How much vocabulary is needed? Can the device manage the demand?
- **Symbols available** – Some devices have specific symbol sets that are used on their device (e.g., black and white line drawings, colored line drawings, etc.) or allow importing of photographs. What types of symbols are available on the device?
- **Symbol sequencing potential** – Allows person to use more than one symbol to create a message. Does the individual need to sequence more than one symbol to make a message? What is the device's capacity to accommodate this?

GENERAL CONSIDERATIONS

- **Portability** – Consider size, weight, availability of a carrying case, etc. How portable does the device need to be? Will the person carry it or mount it on a wheelchair?
- **Durability** – Consider how durable the device is. Is the person “hard” equipment? Will the person carry it? What chances are there of it being dropped?
- **Cost** – Which device can provide the most features for the best price? Are there any limits?

List developed by the Purdue-GLASS AAC Assessment Team (Wasson, Arvidson, Lloyd, 1997). Expanded definitions by Mary Alice Favro, 2013).

Appendix B - Disability Law Project Offices by County

<http://www.vtlegalaid.org/our-projects/disability-law-project/>

ADDISON, CHITTENDEN, FRANKLIN, GRAND ISLE

264 North Winooski Ave.
PO Box 1367
Burlington, VT 05402
863-2881/800-747-5022

LAMOILLE, ORANGE, WASHINGTON

7 Court Street
PO Box 606,
Montpelier, VT 05601
223-6377/800-789-4195

BENNINGTON, RUTLAND

57 North Main Street
Rutland, VT 05701
775-0021/800-769-7459

WINDHAM, WINDSOR

56 Main Street, Suite 301
Springfield, VT 05156
885-5181/800-769-9164

CALEDONIA, ESSEX, ORLEANS

177 Western Ave, Suite 1
St. Johnsbury, VT 05819
748-8721/800-769-6728

Appendix C – Resources for Information on Funding

Vermont Assistive Technology Reuse Project

<http://www.atp.vermont.gov/>

Toll Free – (888) 827-2714

You can utilize this resource to find Free or Low Cost Assistive Technology, Durable Medical Equipment, Modified Vehicles, and obtain information on the return of Medicaid devices no longer needed. You can locate **Needed Items** or sell, loan and donate items that you no longer need by listing them under **Items Available**. Many available items are not posted on the web-sites. Feel free to call the numbers below for assistance with searching items or if you are not a computer user.

For Community – Get AT Stuff:

www.getATstuff.com

Nation Wide Toll Free – (888) 827-2714

Waterbury VT – (802) 498-4740

For Vermont Schools (only) – Vermont AT School Swap:

www.Vermont.ATschoolswap.com

Toll Free – (888) 827-2714

Waterbury VT – (802) 498-4740

For Medicaid devices belong to Medicaid:

Call for the disposition of all Medicaid equipment.

Toll Free – (800) 250-8427

Neighborhood Legal Services, Inc.

<http://www.nls.org>

NLS provides free legal services to persons with low-income and persons with disabilities. It also provides a wide range of technical assistance and support services.

Toll Free – (800) 555-1234

Buffalo NY – (716) 847-0605

AAC – Rehabilitation Engineering Research Center on Communication (RERC) on Communication Enhancement

<http://aac-rerc.psu.edu/>

Application and assessment protocols, sample reports, etc. available.

Appendix D - Obtaining a Communication Device Flowchart

<http://dvha.vermont.gov/for-providers/aac-procedure-031313.pdf>

Obtaining a Communication Device through Medicaid

