

NCACA

NCATP Services and Info on AT Funding Strategies

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North Carolina Assistive Technology Program

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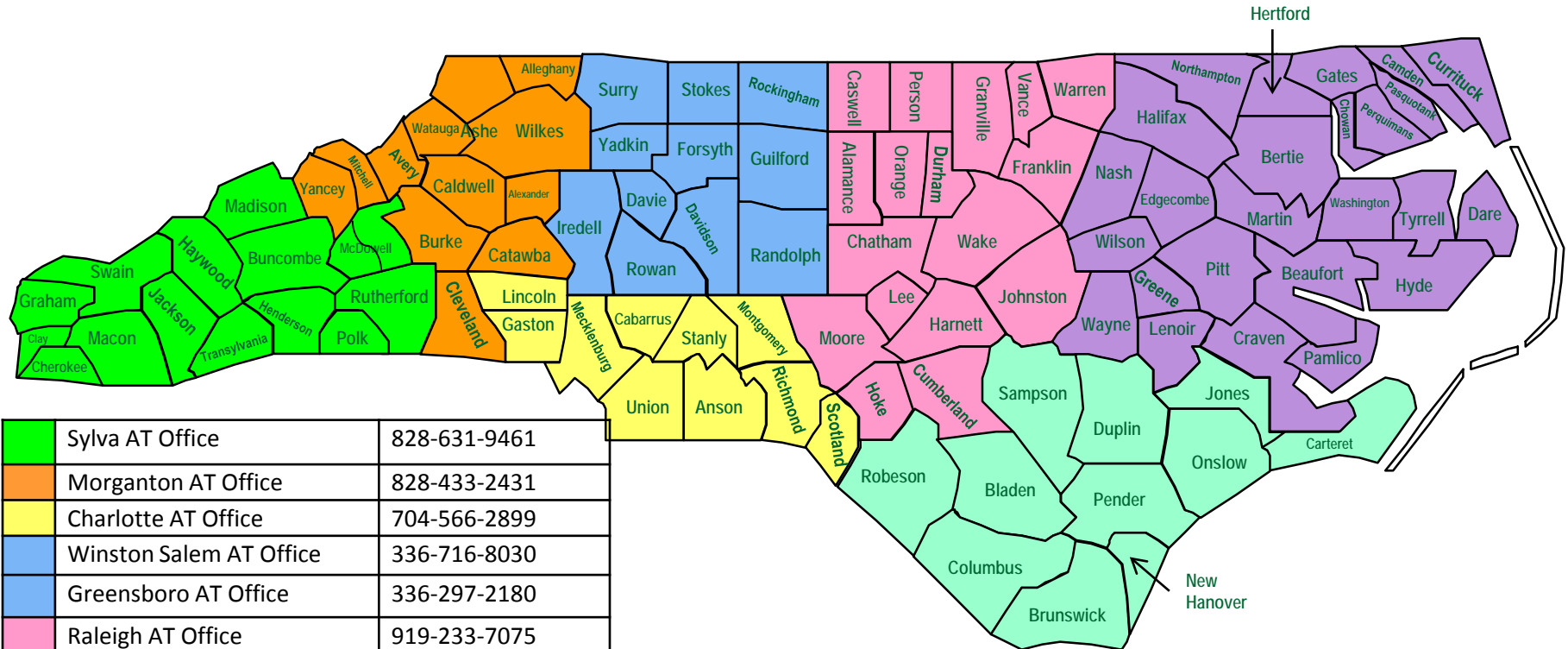
Objectives

- explain NCATP services
- identify funding issues around assistive technology
- describe components to include in a letter of justification
- list possible public and private funding resources
- identify possible funding strategies

AT Act History

- Technology Related Assistance Act-1988 (Tech Act) (P.L. 105-394)
- Technology Related Assistance Act-1994
- Assistive Technology Act of 1998
- The definition of AT devices and services were added to the IDEA by the Education of the Handicapped Act Amendments of 1990.
- IDEA 1997 and 2004, Congress again emphasized AT (P.L.108-364)

AT Offices across NC



	Sylva AT Office	828-631-9461
	Morganton AT Office	828-433-2431
	Charlotte AT Office	704-566-2899
	Winston Salem AT Office	336-716-8030
	Greensboro AT Office	336-297-2180
	Raleigh AT Office	919-233-7075
	LCI – Sanford AT Office	919-775-3439 Ext. 221
	Rocky Mount AT Office	252-446-4330
	Greenville AT Office	252-830-8575
	Wilmington AT Office	910-251-7078

Assistive Technology Device

“Any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities.”

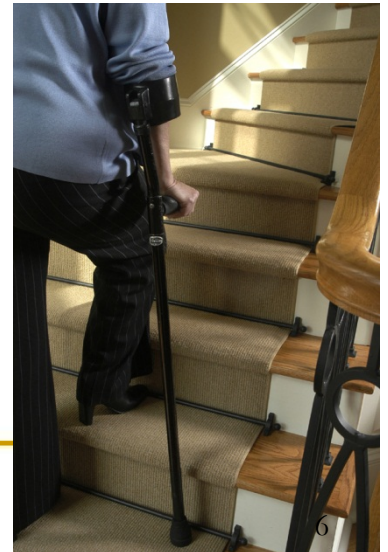
20 U.S.C. 1401[25]



Assistive Technology Service

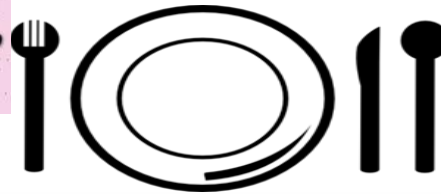
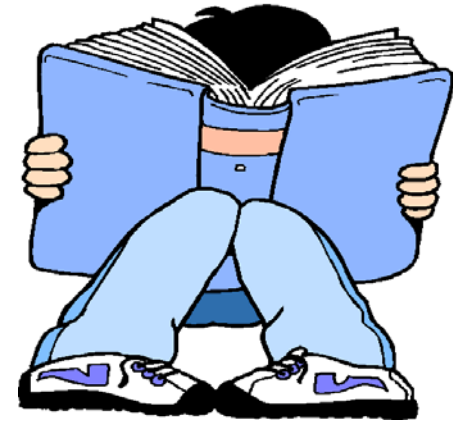
“Any service that directly assists an individual with a disability in the selection, acquisition, or use of an Assistive Technology device.”

20 U.S.C. 1401[25]



Assistive Technology is
related to **function**
rather than to a *specific*
disability

Assistive Technology is anything that makes it easier to...



Free Services

- Device Demonstrations
- Device Loans:
 - Short term Loans (2 weeks)
 - Open-ended Loan
- Device Reutilization
- Public Awareness



- Access to previously owned devices
- Connects individuals with devices to someone who needs the device
- List of devices that are available for sale or donation

www.ncexchange.org

Equipment Distribution Program (EDP)

EDP provides equipment which assist people with hearing loss or a speech disability to access the telephone.

- Amplified phones
- Signaling devices
- Voice Carry Over phones
- Single hearing aid



www.ncdhhs.gov/dsdhh

Fee-Based Services

- AT Assessment

- AAC Assessment

- Consultation Services/Training

AT Devices- Low Tech



Coming to a Vendor Hall Near You!

What: The NC Statewide Conference

When: October 22-24, 2014

Where: Greenville Convention Center
Greenville, NC

Cost: FREE to visit the vendor Hall

Information coming soon to: www.ncatp.org
and www.ncrehab.org



Public Schools

- Schools are responsible for making sure the student has what they need as stated in the IEP.
- Parents cannot be asked to purchase the device or use their insurance.
- Devices purchased by the school system belong to the school system.

NC Dept. of Public Instruction: Procedures involving AT

■ Public Schools

- ❑ “Educational placement of a child with a disability must be based on his or her individual education program (IEP)...
- ❑ Special considerations which the IEP team shall consider may include whether the child requires assistive technology devices and services...”
 - ❑ Section.1507 Procedures Governing Programs and Services for Children with Disabilities
 - ❑ <http://ec.ncpublicschools.gov/policies/nc-policies-governing-services-for-children-with-disabilities/policies-children-disabilities.pdf>

NC 1501-2.3 Assistive technology

- (a) Each public agency must ensure that assistive technology devices or assistive technology services,
- or both, are made available to a child with a disability if required as a part of the child's--
 - (1) Special education;
 - (2) Related services; or
 - (3) Supplementary aids and services.

NC 1501-2.3 Assistive technology continued

- (b) On a case-by-case basis, the use of school purchased assistive technology devices in a child's home
- or in other settings is required if the child's IEP Team determines that the child needs access to those devices in order to receive FAPE.

Major aspects in all insurance plans

- Medical necessity
- Durable Medical Equipment
- Written support information
- Claims Process
- Appeals Process

Who pays what?

- The amount other funders will pay varies.
- *Always ask* if there will be any out-of-pocket expense.
- Do not rely on past experience. You can't assume things will work the same way.

Medical necessity

- prescribed by a physician;
- used to restore or approximate normal function of a missing, malformed, or malfunctioning body part;
- directly related to a diagnosed medical condition;
- expected to improve the user's ability to function

Durable medical equipment (DME)

- can withstand repeated use;
- is primarily or customarily used to serve a medical purpose;
- generally is not useful to an individual in the absence of illness or injury;
- and is appropriate for use in the home.

Written Support Information

- Physician's Prescription
- letter of support (focused on medical necessity)
- Use language in the Explanation of Benefits of your plan
- Justify specific feature as medically necessary
- Will more costly episodes of care result if denied?
- Explain why the typically covered device will not work in this situation.

Written Support Tips continued

- Other professionals (PT, OT, SLP) may also be providing information.
- Provide information that is correct and consistent.
- Work together and view each other as resources.

Claims Process

- Follow the process for your plan
- Submit request for prior approval if required.
- Find out which providers you can use.
- Claims are paid after the device has been provided.

Claims Process continued

- Some plans only accept claims from approved providers. Those providers agree to accept the amount of reimbursement.
- Some plans will reimburse the patient for a portion after the patient has paid in full.

Appeals

- It's not unusual for claims to be denied.
- Speak to a case manager or someone in claims processing (not the customer service representative)
- Try to talk with the same person
- Ask why the claim was denied
- Provide additional information

Appeals continued

- Additional information may be needed on :
 - benefits of one device over another
 - medical necessity of specific features
 - costly episodes of care will be reduced

Types of Public Insurance Programs that cover AT

- Public
 - Medicaid
 - Medicaid Waivers
 - EPSDT
 - NC Health Choice
 - Medicare B
 - Tricare

Medicaid

- provides medical assistance for certain individuals and families with low incomes and resources.
- within guidelines, states determine eligibility, scope of services and payment rates
- in NC, contact local DSS to apply

Examples of groups covered by Medicaid

- Medicaid programs for children under 21 years of age
 - Income limits vary.
- Medicaid for Aged (65 and older), Blind and Disabled Persons.
 - The income limit is equal to 100% of the poverty level.
 - There is a limit on resources.

How does Medicaid fund AT?

- listed on the authorized fee schedule
- medically necessary
- durable medical equipment
- appropriate for use in the home
- enrolled Medicaid DME provider
- Medicaid Certificate of Medical Necessity and Prior Approval (CMN/PA) signed by physician

Medicaid and AAC services

- The Augmentative Communication *evaluation* is covered by regular Medicaid.
 - **Provider Classifications**
 - Independent Practitioner – below 21 years of age
<http://www.ncdhhs.gov/dma/mp/8g.pdf>
 - LEA's <http://www.ncdhhs.gov/dma/mp/8h.pdf>
 - Outpatient Specialized Therapies (only when provided by home health providers, hospital outpatient departments, physician offices, and area mental health centers) – adults (as of their 21st birthday)
<http://www.ncdhhs.gov/dma/mp/8f.pdf>

Medicaid covers AAC

- AAC *devices* which are dedicated speech generating devices as described in the DME policy 5A Section 5.3.24 are covered under regular Medicaid. Go to <http://www.ncdhhs.gov/dma/mp/dmepdf.pdf>
- SGD codes are listed on pages 104 and 105 of Attachment A: Claims-Related Information

About Billing Medicaid...

- Medicaid is always the payer of last resort
- 3rd party insurance must be billed first
- Medicaid will only pay:
 - if the 3rd party insurance does not cover the service at all.
 - Medicaid doesn't cover 3rd party insurance deductibles or co-pays
 - If 3rd party insurance pays less than the Medicaid rate, Medicaid can be billed for the difference
- Medicaid will only pay up to the Medicaid approved rate
- Medicaid will only pay claims to Medicaid Participating Providers

AAC DEVICES listed on NC Medicaid DME fee schedule

http://www.ncdhhs.gov/dma/fee/DME/dme_rates_0113.pdf

- E2500
SPEECH GENERATING DEVICE, DIGITALIZED SPEECH, USING PRE-RECORDED MESSAGES, LESS THAN OR EQUAL TO 8 MINUTES RECORDING TIME
- E2502
SPEECH GENERATING DEVICE, DIGITALIZED SPEECH, USING PRE-RECORDED MESSAGES, MORE THAN 8 MINUTES BUT LESS THAN OR EQUAL TO 20 MINUTES RECORDING TIME
- E2504
SPEECH GENERATING DEVICE, DIGITALIZED SPEECH, USING PRE-RECORDED MESSAGES, MORE THAN 20 MINUTES BUT LESS THAN OR EQUAL TO 40 MINUTES RECORDING TIME

AAC DEVICES listed on NC Medicaid DME fee schedule (* requires prior approval)

- E2506
SPEECH GENERATING DEVICE, DIGITALIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 40 MINUTES RECORDING TIME
- E2508*
SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, REQUIRING MESSAGE FORMULATION BY SPELLING AND ACCESS BY PHYSICAL CONTACT WITH THE DEVICE
- E2510*
SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS
- E2511*
SPEECH GENERATING SOFTWARE PROGRAM FOR PERSONAL COMPUTER OR PERSONAL DIGITAL ASSISTANT

AAC DEVICES listed on NC Medicaid DME fee schedule (* requires prior approval)

- E2512

ACCESSORY FOR SPEECH GENERATING DEVICE, MOUNTING SYSTEM

- E2599*

ACCESSORY FOR SPEECH GENERATING DEVICE, NOT OTHERWISE SPECIFIED

- V5336*

REPAIR/MODIFICATION OF AUGMENTATIVE COMMUNICATION SYSTEM OR DEVICE (EXCLUDES ADAPTIVE HEARING AID)

What about aac evaluation services to adults on Medicaid?

- Outpatient hospitals, home health agencies, and physician services can reimburse for services of an SLP connected to the “medical home”.
- Independently enrolled therapists can not see adults and be reimbursed by Medicaid.
- Check with the hospitals, home health agencies, and MD offices in your county. These services are covered in Clinical Coverage Policy 10A <http://www.ncdhhs.gov/dma/mp/8f.pdf> on the DMA website.

AAC Cost: not over \$9,500 for a 2-year period

INCLUDES:

- AAC device
- software (including software upgrades necessary to expand or improve the function of the AAC device),
- mounting system,
- accessories,
- repairs,
- Technical assistance from a qualified augmentative communication technology professional,
 - Technical assistance may not duplicate evaluation and services provided by licensed speech, occupational, or physical therapists.
- training on use of the AAC equipment and is included in the total purchase price for the AAC device.

- Repairs of AAC devices must not exceed \$500 annually. Requests for repairs in excess of the capped amount must be approved in advance. See Section 5.8 for details. Go to <http://www.ncdhhs.gov/dma/mp/dmepdf.pdf>
- The lifetime expectancy for all AAC devices is three years

- Medicaid will pay for device repair when Medicaid didn't pay for a device that is on the fee schedule **if** the criteria for repair in policy 5.3.24 and 5.8 is met.

AAC Requests from Medicaid Waiver Recipients go to Medicaid. Waivers do not cover evals or devices.

- CAP-C : Community Alternative Program for Medically Fragile Children www.ncdhhs.gov/dma/services/capc.htm
- NC Innovations: Community Alternative Program for Individuals with Intellectual Disabilities / Developmental Disabilities
 - A list of LME/MCOs can be found at www.ncdhhs.gov/dma/lme/LME-Contact-Info.html.
 - More information about the N.C. Innovations Waiver can be found at www.ncdhhs.gov/dma/lme/Innovations.html.
- CAP-DA: Community Alternative Program for Disabled Adults www.ncdhhs.gov/dma/services/capda.htm

AAC and Medicaid Waiver Budgets

■ Plan ahead

- Make sure the case manager is aware of items requested through Medicaid.
- Ask which services in regular Medicaid are subtracted from the waiver budget and which are not.
- Be aware of the total amount allowed for a waiver service
- Ask about the timeframe for the amount of money for a service or item.
- Be aware of other services so you can help the family plan for what will be needed.
- It is very important to work with the case manager for those recipients.

- Talking with the care coordinator and the individual / family is critical.
- The device needs to be written into the Individual Plan and authorized according to the waiver.
- The focus of the plan needs to be use of the device in the home. School use cannot be primary.
- Determine the budgetary impact. Budgets will vary.

Major points to remember when submitting aac claims to NC Medicaid

- for speech generation only, not for other forms of communication.
- only used by person with medical problem – not the general public.
- The device should have a HCPCS code.
- CMS does not consider a computer to be a medical device, therefore a computer is not covered under any Medicaid program.

Major points continued

- Software must be speech generating software, and not educational software. It should be designed for use with a speech generating device and for carrying on a conversation, not for learning. Software designed for pre K programs or classroom settings is not medical in nature and is not covered.
- If an item is not covered under policy, it still can be requested through EPSDT, if it is medically necessary, for recipients' ages 0 through 20.
- All medical equipment must be provided through a Medicaid enrolled DME provider.
- Since Aug Com devices (speech generating) are covered by Medicaid, they cannot be funded by the CAP programs. The CAP waiver will not pay for any item that is on the DME fee schedule.

NC Health Choice

- <http://www.ncdhhs.gov/dma/healthchoice/index.htm>

State and federally funded program to provide health insurance to children who are:

- Residents of NC
- Uninsured at the time of enrollment *
- 6-18years of age
- Financially eligible based on yearly family income stated guidelines (141- 210% FPL)

NC Health Choice continued

- ❑ Have paid the program enrollment fee (if applicable)
- ❑ Ineligible for Medicaid, Medicare, or other federally sponsored health insurance

NC Health Choice application

- Applications are available at local DSS, Health Departments, and other locations in the community. To receive an application by mail, contact the local DSS the County Department of Social Services (DSS).
- Applications can be mailed in.
- Program enrollment is based on the availability of state and federal funds..

How does NC Health Choice fund AT?

- Medically necessary and covered DME
- Prior approval
 - All rentals
 - Purchases over \$500
 - Additional devices may be covered for children in the special needs category

NC Health Choice is equivalent to coverage provided NC Medicaid Program except for the following:

- No services for long-term care.
- No nonemergency medical transportation.
- No EPSDT.
- Dental services shall be provided on a restricted basis in accordance with DHHS criteria.

Stay aware of changes to Medicaid, Medicaid Waivers, NC Health Choice

- Check the Division of Medical Assistance website for any policy updates the first of every month in the monthly bulletins and special bulletins.

<http://www.ncdhhs.gov/dma/bulletin/index.htm>

- ❑ Open the referenced policy
- ❑ Scroll to the back
- ❑ Changes are listed by date

Medicare and AAC (aka SGD)

- Medicare covers Speech Generating Devices under Medicare B
 - if these devices are modified so that they are dedicated to run only AAC software, they are covered
 - If the person resides in a skilled nursing facility, SGDs aren't covered.
 - Medicare-covered services related to an SGD that are furnished by an SLP to a SNF resident are eligible for coverage.
 - Issues around possible Medicare coverage changes
- <http://www.asha.org/practice/reimbursement/ExceptionProcess/>

Tricare

- 1. Tricare may cover the same items as Medicare but you cannot assume this.
- 2. Tricare must be billed before Medicaid.
- 3. Every claim is looked at on a case-by-case basis.
- 4. Individuals should:
 - begin with their Primary Care Physician(PCP) or Primary Care Manager (PCM)
 - get a prescription
 - get a letter of medical necessity which includes information showing that the device is clinically necessary

Tricare Providers

- Providers are required to be Medicare certified
and
- The provider has either
 - signed a participation agreement with Medicare
 - or**
 - agrees to participate with Medicare on a claim-by-claim basis

EXCEPTION: Medicare certification can be waived if you are ONLY a provider for children

If the device is not covered by Tricare

- **For Active Duty Service Members (ADSM) assigned to a Military Treatment Facility:**
 - the Supplemental Health Care Program (SHCP) funds may be used to purchase the device on the authorization of the company commander.
 - This applies even if the device is on the "no pay" list.
 - SHCP funds are used rarely and on a case-by-case basis.
 - Funds are primarily used for the Active Duty service member only.

Supplemental Health Care Program

- "A program for eligible uniformed service members who require medical care that is not available at the military treatment facility (MTF) and must be referred to a civilian provider. Also available on a limited basis for non-TRICARE-eligible individuals when specifically referred by the MTF."

www.HNFS.com

If the device is not covered by Tricare,

- **Active Duty Family Members** who are enrolled in the Exceptional Family Member Program (through their branch of service) may qualify for assistance from the Extended Care Health Option (ECHO) program.
- Military Red Cross program may be a resource. Active Duty Service Members should work through their local Red Cross chapter.

If the device is not covered by Tricare,

- **Retirees and their family members** are limited to Tricare coverage only.
- SHCP and ECHO do not apply.

Private Insurance

- Represents an array of services the plan will cover
- May be fee for service or managed care
- Involves premiums, deductibles and co-pays
- Customer choice will vary
- Refer to your Explanation of Benefits

How does Private Insurance cover AT?

- Medical necessity
- Durable medical equipment (DME)
- prior approval
 - medical prescription
 - Provide support information for medical necessity from a qualified medical professional or team of professionals

Private Insurance and appeals

- The time limit for appeals and the process for appealing the denial should be explained in the benefits booklet.
- Talk with someone in case management
 - Give additional info and use the language that is in the plan.

Transition from Early Intervention to Public School

Dept. of Public Health / Early Intervention Branch

- ❑ AT birth - 2 Funds focused on loaning AT devices thru the CDSAs to support developmental learning goals in the IFSP. Purchase of AT is limited only to customized devices (i.e., ear molds, AFO's)
- ❑ The program does not extend children beyond age 3 yrs 0 mos.
- ❑ Transition planning starts at 2 yrs 6 mos.
 - **School system needs to be at the table to plan for AT needs.**

Other Public Funding Sources

- Division of Services for the Deaf and the Hard of Hearing: Equipment Distribution Services
 - Devices for people with hearing loss or with a speech disability
 - Devices that will be used to access the telephone
- Vocational rehabilitation
 - Employment goals
- Independent Living
 - Maintain independence in the community

More Options

- Private programs
 - Equipment Loan programs
 - Private foundations
 - United Way or Community Foundations are umbrella agencies for many smaller foundations. Many give to non-profit groups and some to individuals based on disability, age, location or income as possible criteria.

More Options

- Private Funding
 - Church Groups
 - Many churches have small amounts (\$100-\$200) set aside to social outreach requests. Contact may be thru the individual church or thru local ministerial associations

More Options

- Private Funding

- Civic Groups

- Civic groups have targeted giving. The local public library information and referral desk is a great resource to identify the groups and contact information.

Private Foundations: just a sample

Eblen Charities

12 Regent Park Blvd.
Asheville, NC 28806
Phone: (828) 255-3066

<http://www.eblencharities.org/charities/eblen>

The Eblen Charities is a WNC based group of concerned citizens who work to locally provide aid and assistance to persons and their families who suffer from chronic diseases and disabilities.

Easter Seals UCP NC

info@nc.eastersealsucp.com

800-662-7119.

Karen Fraller is your contact for this resource.

O'Berry Center Foundation

PO Box 1157
Goldsboro, NC 27533
919-581-4012

www.Oberrycenterfoundation.org.

Funding for children with disabilities

Roberts –Miller Fund

Community Foundation of Gaston County
PO Box 123
Gastonia, NC 28053
704-864-0927

http://www.cfgaston.org/grantseekers/roberts_miller.aspx

Funding resource for children with developmental disabilities in central and eastern NC