

In the United States, funding assistance from public or private sources has been essential to secure speech generating device access. For more than 30 years, opportunities for SGD funding have expanded greatly and in some circumstances SGD funding is now accepted and routine.

As funding program acceptance of SGDs increases, the role of speech-language pathologists changes. SLPs always will be the key figure responsible for identification and description of SGD need, and for recommendation of the most appropriate device and accessories to enable clients to meet daily communication needs. In the face of funding barriers, active and at times extensive SLP advocacy is required to overcome or remove those barriers. But even when funding is more routine, SLPs still must know and apply the basic *and current* rules of funding programs to ensure their evaluations, SGD recommendations, and reports are complete and consistent with funding program requirements. SLP vigilance must continue because SGD funding will never be automatic and because no funding program coverage policy is permanent. Overall, SLPs require funding awareness and knowledge sufficient to provide an expectation of yes: that the SLP's work product will be accepted by a funding source to support approval of every SGD funding request.

SGD funding sources in the United States include public and private programs that are directed to healthcare, education, vocational rehabilitation and telephone access. They differ in regard to their basic purposes; eligibility (e.g., age; financial need); scope of benefits (e.g., *what* benefits are provided; *how* benefits are provided); vocabulary (how "need" must be described); and procedures. Individuals may be eligible for several programs at the same time; some may be eligible for none at all. Few make specific reference to SGD coverage. Much more common: to secure SGD funding an SLP must understand how to establish coverage and "need."

This session will focus on health benefits programs. They are the largest sources of SGD funding across the age span and across the country. Several offer cradle-to-grave coverage. Among health benefits programs, Medicare is the largest in terms of number of beneficiaries and total program costs. It also is the single largest funding source for SGDs. Medicare's importance extends beyond the bounds of the program: its coverage guidelines are often used as a model that are copied for use by other public and private health benefits programs.

Medicare's SGD coverage also is a paradigm of the volatility of SGD funding policy. In the 17 months between February 2014 and July 2015, Medicare SGD coverage policy changed significantly -- *twice*. This session will review the evolution of Medicare SGD coverage and discuss its current guidelines and requirements.

All state Medicaid programs cover and provide SGDs, but their coverage policies also change frequently, giving rise to SGD funding issues. Medicaid's use of insurance companies as managed care providers is too-often a source of problems. This session will explain Medicaid managed care provider obligations regarding SGD coverage and payment.

Insurers acting on their own are an independent source of SGD funding and SGD access issues. Some insurers have adopted SGD exclusions, SGD exclusions for specific populations (in particular people with Autism Spectrum Disorder); exclusions of certain SGD accessories (e.g., eye tracking accessories); and deny SGDs based on also abuse or mis-use of evidence based practice principles, or “just because.” While none of these is common, all are barriers to SGD access. This session will review how these barriers can be addressed and overcome, including use of additional protections provided by the Affordable Care Act and state autism treatment mandates.

Employer sponsored health benefits plans also are a source of SGD funding and some SGD coverage issues. In particular, some plans exclude SGDs in total or for specific populations. While there are no legal obligations on plan sponsors to cover SGDs, it is possible to eliminate these exclusions. An expectation of “yes” is possible here, too. This session will explain the strategy, developed almost 10 years ago, to persuade employers to remove SGD exclusions.

This session also will address acceptance by health based funding programs of off-the-shelf tablet computer + app + case SGDs.

This session will be led by Lewis Golinker, USSAAC Advocacy Director and Director of the Assistive Technology Law Center. In more than 30 years of service he has worked to expand SGD funding and access in all of these programs.

The author discloses that he has no financial or other interest in objects or entities mentioned in this paper.



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