

Ohio Speech & Hearing Governmental Affairs Coalition (OSHGAC)
TIMELINE: Negotiations & Revisions to Medicaid Speech Generating Device Rule

First in-person meeting with ODJFS – August 12, 2009

Response – September 10, 2009

Per our recommendations, the following changes were made to the DRAFT rule:

- 1) In Section (B)(1), the word "formal" was removed and replaced with "documented" as it relates to the "face to face evaluation..."
- 2) In Section (B)(1)(a) the phrase "cognitive ability" was removed from the list of details required to describe the "current communications impairment."
- 3) In Section (B)(3), the word "solely" was removed before "natural communication methods"
- 4) In Section (B)(5), the phrase "and communication ability" was added after "impairment"
- 5) In Section (C)(5), the words "software" and "switches" were removed and the phrase "or any other component" was added.

The following changes were recommended at the August 12, 2009 meeting but were **NOT** incorporated into the DRAFT rule:

- 1) Changing thirty days to ninety days for submission of documents ("dated no more than thirty days before the first date of service" language appears throughout the rule) *(Note: this change, although originally denied on 8/12/09, was agreed to and incorporated into the rule on 7/15/10.)*
- 2) Revise section (G)(1) to allow ODJFS to reimburse for repairs to SGDs not originally purchased by Medicaid. *(Note: this change, although originally denied on 8/12/09, was agreed to and incorporated into the rule on 7/15/10.)*

Email request for further change – September 16, 2009

Response – September 22, 2009

Per our request, the following change was made to the DRAFT rule:

- 1) Revise section (C)(5) to read "any other STANDARD component"

Second in-person meeting with ODJFS – June 23, 2010

Response – July 15, 2010

Per our recommendations, the following changes were made to the DRAFT rule:

- 1) Time for document submission is now 90 days (not 30 days) – *(Note: this is a request that was originally denied by ODJFS after our August 12, 2009 meeting)*
- 2) Section (H)(1) was revised to allow for the funding of repairs for equipment not initially purchased by Medicaid will be reviewed on a case by case basis - *(Note: this is a request that was originally denied by ODJFS after our August 12, 2009 meeting)*
- 3) Section (A)(1) was revised to restore the definition of basic communication needs.

Email request for further change – July 27, 2010

Response – September 29, 2010

Per our recommendations, the following changes were made to the DRAFT rule:

- (1) Section (C): Title of section and terminology throughout – We recommend the term "eye control" as it seems to be the term most vendors are using to describe the technology.
- (2) Section (D)(5): We recommend that the word "solely" be removed. No computer can be totally locked from other uses and there is a charge for locking out features that makes the computer more costly. *(Note: In the 9-28-10 version "solely" was replaced with "primarily", and this now appears in (D)(4).)*
- (3) Section (H)(2): We recommend that "due to situations such as consumer growth" be changed to "due to change in consumer cognitive or physical status."

The following changes were recommended via email on July 27, 2010 but were **NOT** incorporated into the DRAFT rule:

- (1) Section (A)(4): Speech-Language Pathologist definition- We would prefer to have C.C.C. requirement restored. *(Ed indicated that this was removed by ODJFS legal counsel as it is not a prerequisite for licensure.)*
- (2) Section (C)(1),(6), & (8): We recommend that the rule not differentiate between non-integrated and integrated systems. All should be reimbursed at the same rate. Manufacturers will just pull apart or integrate, whatever gets them the most reimbursement, so our suggestion is do not differentiate. Reimburse them both at the same level. Vendors should recoup some expenses for the added technology in any case. *(Note: this change, although originally denied on 9/29/10, was eventually agreed to and incorporated into the rule on 10/19/10. See Item (2) below.)*
- (3) Section (C)(4): We recommend that the rule not limit the use of eye control technology by diagnosis. This could be considered discrimination. A functional assessment of the client's ability to access the device by all other access methods should be ruled out, and the client's ability to use this technology should be the criteria for prescribing this access method.
- (4) Section (C)(5): The requirement for assessment of the use of the device in all environments should be eliminated. Evaluators do not have the demonstration devices to do this nor the

flexibility in scheduling to go into all environments to document use in all environments. If a client can use the device in one environment given appropriate seating and mounts, he can use it in all environments given appropriate seating and mounts. This would be a barrier to service.

- (5) Section (C)(6): Mounting hardware for the device should be defined. If they mean the desktop or free standing mounts these should be reimbursed since wheelchair mounts are reimbursed. *(Note: this change, although originally denied on 9/29/10, was agreed to and incorporated into the rule on 10/19/10. See Item (1) below.)*
- (6) Section (H)(1): "No replacement within twelve months of a repair" language will discourage use of repairs due to the fact that it is hard to predict whether the repair would last with an aging device.

Email request for further change – October 7, 2010

Response & Request for more information – October 8, 2010

Email response with additional information – October 14, 2010

Response with final draft rule language – October 19, 2010

Per our recommendations, the following changes were made to the DRAFT rule:

- (1) Section (C)(5): There are special mounting brackets and hardware used with an SGD with eye control technology which would be billed under the accessory code. These should be covered to allow proper positioning of the device so that the consumer can use the device successfully.
- (2) Section (C) (6): Reimbursement levels should not differ between eye control that is integrated vs. eye control that is bundled. In addition, the bundled vs. integrated systems work slightly differently and one may not be more reliable than the other for a particular consumer. It is a very individual and customized fit. None of the current devices on the market today are integrated; they are all modular. Manufacturers do that so that they can add that control component and then software to allow the device to track eye movement when it's necessary for a given consumer. They do not tend to manufacture the devices with the eye control built in automatically. In addition, there could be cases in which a consumer was able to initially access a device via direct hand selection, adapted head mouse tracking or other methods and then their condition deteriorated making those methods nonfunctional. In this case, the eye control access method may be separately added to their existing SGD at a cost less than the cost of a whole new replacement device which includes eye tracking. Finally, as a technical matter, this section still uses the term "tracking device" which should be changed to "eye control technology" to be consistent with the rest of the rule.
- (3) Section (H) (2): We believe that "communication" should be added to the phrase "such as a change in the consumer's cognitive or physical status" (i.e. to read "consumer's cognitive, communication or physical status.") This might be important in a circumstance where, for example, someone had CP all of their life and could spell, etc. Then, if they had a stroke and were diagnosed with aphasia and could no longer spell and they had a spelling-only device (like a "Lightwriter"), they would now need a picture-based device. This would be a "communication"

change and this is the type of circumstance for which we recommend the inclusion of the word "communication" in (H)(2).

The following changes were recommended via email on October 7, 2010 but were **NOT** incorporated into the DRAFT rule:

- (1) Section (C) (3): We feel very strongly that the diagnoses should be removed from the policy as there could be other conditions which may result in the need for eye control technology. For example, a consumer could have a non-brain stem stroke but still be quadriplegic and need eye control. In addition, there is no such thing as "final stages of ALS", as this is not a quantifiable term. No one knows how long someone may live with ALS. The need for eye control simply relates to the fact that the SGD cannot be accessed in any other reliable manner. The policy requires the SLP to prove this point regardless of the patient's diagnosis. Meeting this burden of proof by the SLP should suffice without the arbitrary diagnosis limitations.