AAC in Arizona: Navigating the New Managed Care Model

Brought to you by ArSHA’s AAC Committee

The Arizona Speech-Language-Hearing Association

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- Networking
- Leadership
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Mark your calendars! ArSHA is hosting its 4th Annual Membership Happy Hour on Wednesday, September 29th from 6 to 7:15 PM on Zoom.

ArSHA AAC Committee Members

- Jeremy Legaspi, M.S. CCC-SLP
- Dr. Elizabeth Morrison (she/her), CCC-SLP, Ethical Practices Chair
- Staci R. McCauley, M. Ed., M.S. CCC-SLP, AAC Committee Chair
- Danika Stampfel, M.S. CCC-SLP

Financial and Non-financial Disclosures

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Financial Disclosure: He is a salaried employee-owner of PRC-Saltillo.
Non-financial Disclosure: ASHA member, ASHA SIG 12 member, and ArSHA member, Part-Time Faculty-Institute for Human Development (IHD) Northern Arizona University (AT Certificate Program)

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Financial Disclosure: Co-owner/co-director of Dynamic Interventions Arizona, LLC
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Non-financial disclosure: AAC evaluator and trainer, ASHA SIG 12
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Non-financial disclosure: ArSHA Board member, ArSHA AAC Committee Chair, ASHA member, SIG 12, SIG 16

Course Objectives:
- Participants will discuss documentation for medical justification
- Participants will be able to explain steps in the new AAC referral process
- Participants will identify critical differences in processes for MercyCare and United HealthCare
- Participants will identify 3 resources for AAC evaluation process

Do you have questions? Put them in the chat. There's a question and answer session at the end of the webinar! Thanks!

What is AAC?
From the American Speech Language & Hearing Association (ASHA):
Augmentative and Alternative Communication (AAC) includes all forms of communication (other than oral speech) that are used to express thoughts, needs, wants, and ideas.

This includes both Aided & Unaided methods

Can the client:
Say anything, to anyone, at anytime, about anything? If not, then they may need AAC.

AAC Participation model: Buekelman & Mirenda, (2013)

Prior to 2021, DDD’s AAC referral system looked something like this...
Why did this Change Occur?

- To improve member experience and access
- To create a more efficient and timely process
- To promote integration of care
- To integrate responsibility for AAC into the health plans

AHCCCS Revised Policies: 310-P and 1250-E

- Policy 310-P Governs AHCCCS medical equipment, medical appliances, and medical supplies
- This includes AAC evaluations, maintenance of AAC systems and other AAC related services such as mounting, implementation training
- 1250-E Covers rehabilitative and habilitative therapies (OT, PT, Speech) ordered by a PCP and by/under direct supervision of licensed therapists.

Overview of AHCCCS Policy 310-P

- 310-P specifies requirements for coverage of medically necessary medical equipment, appliances, and supplies.
- AAC Services Must Be:
  - Medically necessary, cost effective, and federally and state reimbursable
  - Reviewed by physician
  - Maximize member’s independence and functional levels in which normal activities take place

1250-E Defines Therapy Services As:

- **Prescribed** by PCP or attending physician
- Providing **medically necessary treatment** that:
  - develops, improves or restores functions/skills not attained, are underdeveloped or have been impaired, reduced or permanently lost due to illness or injury.
- Relates to an active written **Plan of Care** signed by PCP
- **Reasonable and necessary**
AAC Therapy Services Can Include:

- AAC Evaluations
- Implementation Training
- Mounting
- Repairs

Refer to AAC Experts

Part of an interdisciplinary team

Help families navigate the system

Expert in their area, offer ongoing treatment

Before you Refer: Educate and Inform Client’s Family

- Discuss client progress, family expectations
- Discuss common myths of AAC
- Address family dynamics- willing to incorporate AAC into their lifestyle?

Before you Refer: Be Aware of Family/Cultural Values

- Culture affects communication
- Cultural backgrounds may affect the family’s openness to AAC

Common Myths of AAC (Romski & Sevcik, 2015)

1. AAC is a “last resort” in speech-language intervention.
2. AAC hinders or stops further speech development.
3. Children must have a certain set of skills to be able to benefit from AAC.

Common Myths of AAC (Romski & Sevcik, 2005)

4. Speech-generating AAC devices are only for children with intact cognition.
5. Children must be old enough to benefit from AAC.
6. There is a representational hierarchy of symbols from objects to written words (traditional orthography)
Before You Refer: Family Gathers Documentation

- Members medical records
- Previous test reports
- Quarterly progress reports (home, school)
- Current Speech-Language evaluation within the past 12 months
- IEPs/METs, IFSPs
- OT/PT notes

Documentation Demands of the Managed Care Model

Treating SLPs in schools, clinics, and home health settings should document clients with complex communication needs (CCN) in all areas of communication in their:

- Daily SOAP notes
- Quarterly progress reports
- Annual reports (IFSP, IEP)
- Speech-language evaluations (RED, MET)

Before Submitting a Request for an AAC Evaluation:

- It is recommended to have a current speech and language evaluation on file, completed within the twelve months and submitted along with the referral paperwork
- Document trials for light tech devices and why they are not adequate to meet client needs

Ready to Refer? Go to the ArSHA website!

- Download referral form from Arsha website
- Write a brief statement of medical necessity
- Give the client the form to take to their doctor

Lack of Thorough Documentation of Need Can Result In:

- Delays
- Denials
- Decreased confidence in the managed care system

Prior Use of AAC Must be Documented When Referring

What type of AAC was trialed:

- Light tech core communication boards
- Picture Exchange System (PECS)
- Communication books
- YES/NO apps
- Free/lite versions of apps
Prior Use of AAC Must be Documented When Referring

What type of AAC was trialed:
- Switch/switch activated toys
- Light tech eye gaze frame
- Tactile symbol book
- Choosing between real objects
- Mid tech devices

Document the Outcome of AAC Trials

- Describe the trial parameters:
  - Device(s) trialed
  - Length of time trialed
  - What worked?
  - What didn’t work?
  - Level of prompting needed?
  - Length of utterance(s)
  - Functions of speech:
    - requesting, protesting, describing, etc.

Assess Expressive/Receptive Communication:
- Voice
- Fluency
- Articulation/Phono.
- Pragmatics
- Semantics
- Syntax
- Morphology
- Oral Motor Exam
- Comprehension
- Literacy
- Foundational Play Skills:
  - Joint attention
  - Eye contact
  - Turn taking
  - Parallel, associative, or cooperative play

Speech and Language Assessment Tools Can Include:
- Criterion referenced assessments
- Standardized assessments
- Non-standard reporting of standardized assessments
- Language samples
- Parent/Teacher Surveys
- Communication Matrix
- Dynamic assessments:
  - Present material
  - Teach, Test
  - Reteach, retest
- AAC Trials
  - Include data and rationale on any AAC trials given

Document the Client’s Functions of Language

Can your client…
- Initiate/turn take in Conversation
- Request
- Protest
- Describe
- Direct actions of others
- Tell a story or retell an event

See Non-traditional Language and Behavior as Communication

Language:
- Echolalia
- Scripting
- Jargon
- Babbling
- Vocalizations
- Consonant and/or word Inventory

Behavior as Communication:
- Use of gestures
- Response to gestures
- Facial expressions
- Other non-traditional communication, such as leading you to object
- Use of eye gaze
Need to trial a device? Try AZTAP Lending Library

- Devices can be borrowed by persons with disabilities, family members, service providers, etc. for two weeks at a time.
- Devices may be picked up from the AzTAP office or can be shipped/returned at no cost to the borrower.
- School districts and charter schools can use ADE/AT Short term library

Assistive Technology Loan Libraries - AzTAP

During Referral Process: Follow up and communicate

- Client's support coordinator
- SC supervisors
- MCO's customer care liaison
- Keep in contact with the AAC evaluator/agency the family choses

So, now that I know how to document my clients’ communication needs, how do I refer clients who need AAC systems?

(That depends on which health plan the client has.)

Step One: Secure a Prescription from the Client’s PCP

1. Both MercyCare and United Health Care need a prescription for AAC assessments
2. Prescriptions valid one year from date they are signed by PCP
3. Treating therapists should document client's need for AAC in a letter the family can take to the physician

Step Two: Family Requests Evaluation from a contracted provider

1. Family chooses a contracted provider from Mercy Care or United Health Care website.
2. Family calls AAC agency/SLP listed on the site to make an appointment

Augmentative and Alternative Communication Provider Training
AAC Assessment Referral Process

How does the process work?

- Member’s physician writes a prescription/referral for an assessment from an in-network, licensed and registered speech-language pathologist (SLP). Valid for 12 months.

- Mercy Care will accept assessments completed by a school SLP however as a best practice we ask that schools coordinate evaluations with a Mercy Care contracted SLP. We want to make sure that all settings are taken into consideration (Schools, Home etc.). The School and contracted SLP can work with MedOne on getting a device. The member still needs to get a prescription from the doctor for the device.

- Member contacts their DDD Support Coordinator, Mercy Care or DDD Liaison for an in-network, licensed and registered speech language pathologist (SLP).

AAC System Assessment and Trial process

• SLP receives request and coordinates assessment and notifies MedOne
  o SLP in conjunction with other health professionals such as a Physical Therapist (PT) and/or Occupational Therapist (OT) will conduct the assessment
  o Up to three devices and/or apps can be reviewed/trialed for up to 30 days
  o When the formal assessment is completed, SLP will send all documents including to MedOne who will then submit request for prior authorization to Mercy Care
  o If the SLP determines that a device not provided by MedOne is needed the SLP will send all documents including a request for prior authorization to Mercy Care for review.

AAC – Mercy Care Prior Authorization Process

• For devices not provided by MedOne
  o AAC Devices and accessories will need Prior Authorization
  o Please complete the prior authorization request form located on the Mercy Care website and fax to 800-217-9345.
  o Documents needed:
    o Member’s medical records
    o Practitioner’s office records
    o Therapy service records
    o Other records from healthcare professionals
    o Test reports relevant to the request should be submitted or may be requested to support/demonstrate that the coverage criteria for an AAC device

To assist with the management of the AAC device systems Mercy Care has chosen MedOne as the preferred vendor for these devices.

MedOne
2330 W. University Dr. Ste. 20
Tempe AZ 85281
Phone: 480-835-9100
Fax: 480-835-9104

Mercy Care also contracts direct with PRC-Saltillo, Tobii Dynavox

High Tech Devices available within Mercy Care’s network
QuickTalker by AbleNet
Lincare
Smartbox
PRC
Eyetech
Mitalk
Tobi Dynavox
Boundless
• Mercy Care has 14 days to review the request and may take an additional 14 days if they need additional information.
• If more time is needed, the member will receive a letter called Notice of Extension (NOE).
  ‧ This will allow an additional 14 days for Mercy Care to review additional documents.
• Total time should not exceed 28 days.
• DDD Support Coordinator (SC) or Speech Language Pathologist (SLP) that need further assistance about authorizations, please contact our PA department at 800-624-3879.

• If Mercy Care approves:
  ‧ Mercy Care faxes out approval to DME vendor, the SLP and the DDD Support Coordinator
  ‧ DDD Support Coordinator notifies the member of the approval
  ‧ Device will be delivered to the member’s home
  ‧ SLP will coordinate the training hours with the member/family member, includes ongoing training if need be
  ‧ No separate prior authorization required for training hours

• If Mercy Care denies, Notice of Adverse Determination letter is issued with instructions about the appeal process

Members with other primary insurance
• Mercy Care is always the payer of last resort
• If the primary insurance requires authorization you will want to follow their authorization requirements
• If member/caregiver does not agree with Mercy Care’s PA decision, he/she can file an appeal
• Appeals must be filed within 60 calendar days from the date of the Notice of Adverse Benefits Determination letter
• Mercy Care has 30 calendar days to issue a resolution
• Expedited appeal decisions are issued by Mercy Care within 72 hours from the date the expedited appeal request is received

To file an appeal, member/caregiver must mail, call or fax the request using the following:

○ Mail:
  ○ Mercy Care Appeals Department
  ○ 4755 S. 44th Place
  ○ Phoenix, AZ 85040

○ Phone: 602-453-6098 or 1-800-624-3879

○ Fax: 602-230-4503

The fastest way to report a grievance is to call Member Services at 602-263-3000 or toll-free 1-800-624-3879 (TTY/TDD 711).

Once the device has been received, the SLP will schedule time for the member and family to set up the device and train on the device, and mount the device, if appropriate.

• It can take up to 90 days from the request of the AAC device to when the 1st training is conducted.
• The family will be advised to outreach to the provider for training as soon as the device is delivered.

• The easiest way to report a grievance is to call Member Services at 602-263-3000 or toll-free 1-800-624-3879 (TTY/TDD 711).

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• It can take up to 90 days from the request of the AAC device to when the 1st training is conducted.
• The family will be advised to outreach to the provider for training as soon as the device is delivered.
• If a replacement is needed, the member must reach out to 
their physician to obtain a prescription/referral. If the 
member needs assistance they can reach out to the DDD 
Support Coordinator.

• PA is needed for replacement devices.

• There may be loaners available through MedOne. Please 
contact MedOne for more questions. 480-835-9100

UHC Process Part One: Setup up the Evaluation

1. Member receives from their physician a prescription/referral for an AAC 
assessment by a Speech Language Pathologist (SLP). This prescription is 
good for 12 months.

2. Member may contact the DDD Support Coordinator, UHCCP’s member 
services, and UHCCP DD liaisons to get contact information for an 
in-network UHCCP licensed and registered SLP. Or the member can do a 
provider search using UHCCP’s member website and use the Provider 
Lookup feature. Use provider search - add link

UHC Process Step Two: Schedule Evaluation

1. Once the member chooses an SLP, the member calls the SLP to 
schedule an assessment.

2. The assessment requires a Prior-Authorization (PA). The 
SLP will send to UHCCP the member’s ISP, IEP, therapy progress 
notes, and other documentation to support the need for an 
assessment.

3. Per the UHCCP member handbook, a specialty appointment is 
to be scheduled within 45 days of when the member calls and asks for the assessment.

4. Once UHCCP receives the PA, a decision must be made within 
14 days.

5. If the assessment is approved, the SLP will contact the member 
to schedule the assessment.
UHC Process Part Three: AAC Evaluation

1. Prior to the assessment, the SLP will determine the appropriate AAC device(s) for the member to try during the assessment visit.
2. The SLP will bring to the assessment up to three AAC devices for the member to try during the visit. Other therapy providers besides the SLP may also contribute to the assessment.
3. During the assessment, a family may choose to trial one of the AAC devices up to 30 days. During the trial period, the SLP will help make sure that the device is meeting the member’s needs.
4. After an AAC device has been trialed and the treatment team, member and family agree on the AAC device, the SLP will send the assessment report to the referring physician for signature.

What if the AAC System needs a repair?

1. All repairs require Prior Authorization by UHCCP.
2. DDD will allow UHCCP to cover one device repair every 12 months due to normal wear and tear unless the device is under warranty.
3. The member can work with the DDD Support Coordinator, the original treating SLP or UHCCP to confirm if the device is under warranty.
4. UHCCP will assist member and DDD Support Coordinator in returning device if under warranty.
5. UHCCP will not cover the replacement of applications that or cannot be accessed due to loss of username and password.

What if the member needs an AAC replacement?

The device and accessories are expected to last up to 36 months.

The replacement of an AAC system or its components will be considered in the following circumstances:
1. When loss or irreparable damage has occurred.
2. It has been 3 years since the first prescription, and the AAC system is no longer functional.
3. There is a change in the member’s condition that affects the use of the current AAC system.
4. The current AAC system is not meeting the member’s needs despite adequate training.

UHC Process Step Four: Post Evaluation

What happens after the AAC assessment?

1. Once the physician signs off on the device, the SLP will send the documentation of the eval, script and details of the needed device equipment and accessories to the AAC DME manufacturer.
2. The AAC DME manufacturer will submit the prior-auth for approval to UHCCP and will include supporting documentation from the assessment, expected training hours, and the list of the necessary accessories for the proper use of the AAC system. Once UHCCP receives the PA, a decision must be made within 14 days.
3. Once the decision has been made on the device and it meets medical necessity, the AAC DME manufacturer is notified by phone and the SLP is also notified so that prior auth for training may be submitted.

How will members receive the device?

1. The AAC device will be mailed directly to the member’s home.
2. Once the member receives the AAC device, the member should contact the SLP to schedule training for the AAC device.
3. UHCCP expects the first training to be completed no later than 90 days from when the AAC device was approved by the health plan.

UnitedHealthcare Community Plan Contacts

UHC Member Services: 1-800-348-4058 UHC Provider Services: 1-800-445-1638
Rosemarie San Nicolas, AAC Coordinator/DD Liaison (Member Last Names: A-L)
rosemarie_san_nicolas@uhc.com
602-255-1608
Ryan Lange, DD Liaison (Member Last Names: M-Z)
ryan_lange@uhc.com
602-255-8306
Laurie Ganzermiller, Director Special Programs
Laurie_ganzermiller@uhc.com
602-255-1675
AAC IS an AHCCCS Covered Service!

According to the AHCCCS website, “All AHCCCS health plans provide the same covered medical services.”
- Each health plan may have their own process
- Prior Auth may be required
- For clients who do not qualify for DDD

(See link in resources)

Appropriate for AHCCCS members who do not have a qualifying diagnosis for Arizona Long Term Care. Some examples include:
- Apraxia or Childhood Apraxia of Speech
- Developmental Delay
- Fluency disorder
- Other possibilities?

Services through AzIEP Remain the Same

AzIEP Electronic Referral form:
https://azeip.azdes.gov/AzEIP/AzeipRef/Forms/Categories.aspx
Contact AzIEP:
https://des.az.gov/services/disabilities/developmental-infant/contact-arizona-early-intervention-program

Questions? ArSHA has got the Answers!

The Arizona Speech-Language-Hearing Association
Membership renewal is around the corner!
August – October marks the time to lock in your benefits as an ArSHA member!

ArSHA IS HERE FOR YOU:
- Annual CE offerings
- Networking
- Leadership
- Access to lobbyists for important legislative issues
- ...And much more!
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Resources: AZTAP Assistive Technology Loan Libraries
https://aztap.org/at-devices/loan-libraries

Resources
https://www.arsha.org/ has:
- AAC referral forms
- List of contracted AAC provider agencies
- Contact info for the insurance companies
- AAC in AZ One Page Reference Guide

How to find AAC Resources at ArSHA

ArSHA referral forms are available in English and Spanish

AAC PROVIDER AGENCIES CONTRACTED WITH MERCYCARE AND UNITED HEALTHCARE

- Mercy Care AAC at 602-263-3000
- United Healthcare AAC at 602-255-1608

Parent instructions: Bring this form to your pediatrician/family physician when requesting a prescription to start the AAC evaluation process. Once your physician provides the prescription, call the insurance company to choose an AAC evaluation agency. The numbers are listed below:

- Mercy Care AAC at 602-263-3000
- United Healthcare AAC at 602-255-1608

[Visit website for more information]
### Other Resources for Parents:

#### Autism Society of Greater Phoenix
[https://www.phxautism.org](https://www.phxautism.org)

#### Global Autism Conference September 16-18 (Virtual)
[https://whova.com/web/aasog_202109/](https://whova.com/web/aasog_202109/)

### NAU AAC Evaluation and Training Program Information

**NAU AAC Evaluation and Training Program**

P.O. Box 5630
Flagstaff, AZ 86011
Fax: 855-819-0087
Email: aacevalprogram@nau.edu
Program Manager: Nikkol Anderson, MA, OTR/L, ATP
Office Phone: 928-523-4628
nikkol.anderson@nau.edu
[https://nau.edu/ihd/community-services/](https://nau.edu/ihd/community-services/)

### Mercy Care Resources

**MercyCare DDD for members**
[https://www.mercycareaz.org/members/ddd-formembers](https://www.mercycareaz.org/members/ddd-formembers)

**Mercy Care AAC**
[https://www.mercycareaz.org/members/ddd-formembers/aac](https://www.mercycareaz.org/members/ddd-formembers/aac)

### United Health Care Resources

**United HealthCare: Developmental Disabilities Program**
[https://www.uhccommunityplan.com/az/medicaid/developmentally-disabled](https://www.uhccommunityplan.com/az/medicaid/developmentally-disabled)

**United HealthCare: AAC Provider List**

### Table: Action steps needed for AAC:

<table>
<thead>
<tr>
<th>Action Steps Needed for AAC</th>
<th>Required by Both Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Processing therapist needs for AAC in letter/referral form</td>
<td>Recommended to start process</td>
</tr>
<tr>
<td>Physician writes prescription for AAC Evaluation with physician signature, valid one year</td>
<td>X</td>
</tr>
<tr>
<td>AHCCCS/DDS is payer of last resort; primary insurance must be used first</td>
<td>X</td>
</tr>
<tr>
<td>Family contacts agency/SLP listed on the site to make evaluation appointment</td>
<td>X</td>
</tr>
<tr>
<td>Prior authorization needed for AAC evaluation/training</td>
<td>X</td>
</tr>
</tbody>
</table>

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**Note:**
- **X** indicates the action is required by both plans.
- **Not Needed** indicates the action is not required.

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**Other Resources for Parents:**

#### Raising Special Kids:
[https://raisingspecialkids.org/start-here/](https://raisingspecialkids.org/start-here/)

#### Application for Arizona Long Term Care: (DDD/ALTCS):

#### List of AHCCCS Health Plans and links to benefits:
**AHCCCS Health Plans**
References:

AHCCCS 1250E Therapy Policy: AdSS Medical Manual Chapter 1250-E (az.gov)
AHCCCS 310P Policy AMPM Policy 310-P (azahcccs.gov)
Copy of Linguistic Competence (aaccommunity.net)

