AAC Process Frequently asked Questions

Question 1:
What is the most important shift in regards to AAC changes at the state level?
Answer:
DDD is no longer in charge of directly administering the AAC benefit for families. This benefit has been turned over to the insurance companies who contract with Medicaid /Arizona Long Term Care (ALTCS). This means that families need to go through their insurance plan to get an AAC device. First they need to get a prescription for an AAC evaluation from their physician, and then they need to select and contact an AAC agency from the list of approved providers. As the treating SLP, you can help with that process.

Question 2:
Are there any special considerations before an AAC evaluation can be completed?
Answer:
A speech-language evaluation or RED (Review of existing data from the MET) should be on file and current. This will be submitted to the insurance company as supporting documentation. Speech and language evaluations should thoroughly document the client’s abilities and needs in all areas of communication.

Question 3:
What is the role of the treating SLP (school, home health, or clinic) in the new AAC evaluation process?
Answer:
The treating therapist begins the AAC evaluation process and helps throughout the process by:
1. Educating the family and providing referral for a prescription for the AAC Evaluation
2. Pointing the family to resources, such as choosing an AAC provider agency - See ArSHA resource tab
3. Sending supporting documents such as speech and language evaluations, copies of progress notes, IEP and MET to the insurance company when requested.
4. Collaborating and participating in the evaluation with the AAC agency
5. Hosting and/or participating in trainings once the device is acquired

**Question 3:**
Can schools conduct the AAC evaluation for students trying to get a device through DDD or private insurance?

**Answer:**
Schools are not contracted with Mercy Care or United Health care to provide AAC evaluations for DDD nor are they contracted to do so with any private insurance companies or medicaid. Therefore they are not allowed to complete independent evaluations and submit them to insurance. *School districts should comply with IDEA.*

Schools may conduct their own AAC trials for students in order to provide AAC devices for students to use in the classroom to have access to the general curriculum. Schools can participate in the AAC process by educating families about AAC, providing families the AAC physician referral so they can get a prescription for an AAC evaluation, getting a release of information so they can share school records with the insurance company, and even participating in the evaluation or hosting the evaluation and subsequent trainings at the school. This coordination of care can result in improved outcomes for the person who uses AAC.

**Question 4:**
What does the Individuals with Disabilities Educational Act (IDEA) law say about AAC and AT?
Answer:

Local educational agencies, or LEA’s, have obligations under IDEA. IDEA provides for individuals with disabilities to have access to assistive technology devices and services in order to provide FAPE (free appropriate public education) and access to the general curriculum. This includes children in preschool. Refer to IDEA, Section 300.105: https://sites.ed.gov/idea/regs/b/b/300.105

Question 6. What if a client should be receiving DDD long term services, but isn’t?
You can refer them to the non-profit organization, Raising Special Kids. RSK will help families through the maze of paperwork. https://raisingspecialkids.org/ Or, you can directly help them start the process of applying for Arizona Long Term Care: https://www.azahcccs.gov/Members/Downloads/Publications/DE-828_english.pdf

Question 7: What if a child has AHCCCS, but not ALTCS/LTC?
Technically, the DMG (durable medical goods) benefits are the same for ALL AHCCCS plans and Medicaid members in the state of Arizona. So, an individual with AHCCCS should be able to get a device. Use the ArSHA referral form with selection of AAC Provider Agency and have the family follow up with the AAC Provider agency start the process.

Question 8: What if a family contacts me about a broken device?
The contracted AAC Provider agency that completed the evaluation are available to help families through the process of getting a device repaired/replaced etc. If the family does not recall which AAC agency completed the evaluation, they should reach out to their support coordinator, who should have record of it.

Question 9: Don’t AAC devices have warranties?
Yes, Many AAC devices have warranties. If the device is less than two years old, the family can contact the device manufacturer and they may be able to get repairs
through the warranty. Some device manufacturers will also provide a loaner device while the broken device is being repaired. Most dedicated devices have information on the back that contains the device serial number and a phone number to call for technical support/customer service.

**Question 10: What if the AAC device is old/outdated but still works (sort of)?**

Devices more than three years old may be slow, glitch, or they may not hold a full charge as they did previously, or have other issues. If a device is over three years old, it is time for a new device. Medicaid recognizes the typical ‘life of a device’ as 36 months. Beyond 36 months, daily wear and tear can take its toll. In addition, the technological advances in AAC over a 36-month period also make devices obsolete quickly. The family should contact an AAC Agency to complete an evaluation for a replacement device.