



AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

September 14, 2018

Donna Frescatore, Medicaid Director
Office of Health Insurance Programs
Empire State Plaza
Corning Tower – Room 1466
Albany, NY 12237

Dear Ms. Frescatore:

On behalf of the American Speech-Language-Hearing Association, I write to provide additional comments on the proposed Speech Generating Device (SGD) guidelines for New York Medicaid. ASHA opposes numerous restrictions that were added in the proposed guidelines. These comments are in addition to those submitted by ASHA on August 27, 2018. (Attached)

The American Speech-Language-Hearing Association (ASHA) is the national professional, scientific, and credentialing association for 198,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students. Over 17,000 of our members reside in the State of New York.

It is the clinical judgment of ASHA experts, including ASHA clinical service staff and Special Interest Group (SIG) 12 –Augmentative and Alternative Communication members that the proposed provisions discussed below create an unnecessary barrier to providing timely and effective communication systems to individuals who need them.

Augmentative and alternative communication (AAC) is an area within the clinical scope of practice of speech-language pathologists (SLPs). AAC addresses the needs of individuals with significant and complex communication disorders. An individual may use unaided forms of AAC such as gesture and vocalizations and/or aided forms such as pictures and SGDs. SGDs are just one form of AAC. The form of AAC an individual uses is determined by his or her needs and abilities and the communication context; none of us use only one communication method across all contexts. The process of developing a communication system for an individual with complex or severe communication needs may include assessment for acquisition of an SGD. Such evaluations are initiated based on the identified functional need for a device as one piece of a comprehensive system with evaluation results indicating a perceived functional benefit of acquisition of and training on the device. The evaluation also serves to establish a plan for implementation. **The ultimate goal is functional communication at the most independent level an individual can achieve.**

In May 2005, the Centers for Medicare and Medicaid Services (CMS) issued changes to its Medicare Benefit Policy Manual, which stated that a physician's order is **not required** for speech-language pathology services to be provided to a beneficiary.¹ SLPs are autonomous professionals, having the qualifications, responsibility, and authority for the provision of services that fall within their scope of practice. SLPs use their unique knowledge, training, and expertise to match the individual's current and anticipated skills with features of devices. The SLP uses their independent clinical judgment to develop an individualized treatment plan that incorporates the SGD into a broader skill set of functional communication behaviors. The plan includes concrete, measurable goals and is part of the

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SGD request and—like all treatment plans—is then modified or expanded based on the progress of the individual. The evaluation does not result in a skills protocol that can be mastered within a designated trial period.

The ASHA Code of Ethics states that certified SLPs, “shall evaluate the effectiveness of services provided, technology employed, and products dispensed, and shall provide service or dispense products only when benefit can reasonably be expected.”² It is incumbent upon the SLP to identify and trial SGDs that match the individual’s needs and from which they can reasonably expect benefits. **It is unduly burdensome to require SLPs to perform additional device trials with multiple vendors and sources across multiple trials when the SLP perceives no functional value from doing so.** This requirement is in conflict with the clinical autonomy of the SLP and results in unnecessary service provision as well as a protracted evaluation timeline; thus, delaying access to appropriate tools for functional communication.


The Code of Ethics also states, “Individuals shall use every resource, including referral and/or inter-professional collaboration when appropriate to assure that quality service is provided.”² SLPs are directed by this professional code to seek out other disciplines for collaboration when they perceive benefit in doing so. To require SLPs to include other disciplines when they do not perceive functional benefit infringes upon the clinical judgment and autonomy of the SLP, which also results in unnecessary service provision and a protracted evaluation process.

Medicaid proposes “non-coverage criteria” including devices that surpass current and future communication needs and abilities. ASHA supports recommendations based on skilled professional assessment matching the capability of the device to the person’s medical needs and abilities as described earlier in these comments. Devices should be chosen based on current needs and abilities but also reasonable expectations for progress and enhanced capacity over time as determined by the professional judgment and expertise of the SLP.

ASHA requests that New York Medicaid recognize the skill and judgment of the SLP serving clients in need of AAC services and devices and reconsider the onerous additional proposed requirements. These restrictive proposals would negatively impact the most vulnerable individuals.

Thank you for the opportunity to provide additional comments on the proposed SGD guidelines for New York Medicaid. If you or your staff have any questions, please contact Laurie Alban Havens, ASHA’s director of health care policy, Medicaid, and private health plans, at labanhavens@asha.org.

Sincerely,



Elise Davis-McFarland, PhD, CCC-SLP
2018 ASHA President

Attachment

¹ Centers for Medicare & Medicaid Services. (2018). *Medicare Benefit Policy Manual Chapter 15- Covered Medical and Other Health Services*. Retrieved from <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c15.pdf>.

² The American Speech-Language-Hearing Association. (2016). *The ASHA Code of Ethics*. Retrieved from <https://www.asha.org/Code-of-Ethics/>.