AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

August 27, 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 comment on the proposed Speech Generating Device (SGD) guidelines for New York Medicaid. ASHA opposes the inclusion of a requirement that "a client must demonstrate functional effective communication without substantial assistance of another individual" in order to qualify for coverage.

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 that the proposed provision creates an unnecessary barrier to providing timely and effective communication systems to individuals who need them.

Augmentative and alternative communication (AAC) interventions address functional communication skills to support individuals with complex communication needs in developing, rebuilding, or sustaining communicative competence.[1] **AAC intervention requires ongoing decision-making and training to promote communicative competence as well as language and literacy development. Periodic modifications to AAC systems to support changes in communication needs are also necessary.**

Research supports the need for ongoing training and modifications for a client to demonstrate functional effective communications. ASHA's AAC Practice Portal Evidence Map states that assistance from another individual for functional effective communication via modeling-based intervention is positive and has a large effect for language development, particularly for young children who are beginning communicators, which continues well beyond a 4-week trial period.[2] The Practice Portal also references communication competence for AAC users consisting of five individual competencies that may require extensive intervention to establish. Furthermore, significant partner assistance is not limited to the use of SGDs.[3] It is preferred clinical practice to ensure that AAC intervention incorporates multiple communication modalities so that the user is not restricted to aided or unaided approaches but can use a

combination of communication modalities depending on the environment, the person listening, and the intent of the message.

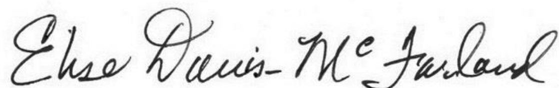
Exclusion from coverage should not be predicated by a prolonged proficiency path and the need for any level of support. Individuals with severe communication impairments may have concomitant cognitive disabilities and/or severe physical limitations resulting in an increased timeframe to establish operational competency with a device. In addition, young children who may benefit from acquiring an SGD at an early age are unlikely to demonstrate mastery of a device without assistance in a 4-week trial period.

Given the range of cognitive, physical, and language skills that a potential SGD user may possess, a more appropriate measure of eligibility may be demonstrating response to an SGD and skilled intervention during the trial period. The end goal of improved functional communication cannot be overlooked based on the need for partner assistance within a brief trial period.

ASHA requests that New York Medicaid eliminate the onerous proposal that an individual must demonstrate functional communication without assistance from another individual. The restrictive proposal could have a negative impact on the most vulnerable individuals.

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

Sincerely,



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

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[1] Drager, K. D. R., Light, J., & McNaughton, D. (2010). *Effects of AAC interventions on communication and language for young children with complex communication needs. Journal of Pediatric Rehabilitation Medicine: An Interdisciplinary Approach*, 3, 303–310.
[2] The American Speech-Language-Hearing Association. (n.d.). *Augmentative and Alternative Communication.* Retrieved from www.asha.org/practice-portal/professional-issues/augmentative-and-alternative-communication/
[3] Light, J. C., &, McNaughton, D. (2014). *Communicative competence for individuals who require augmentative and alternative communication: A new definition for a new era of communication? Augmentative and Alternative Communication*, 30, 1–18.