Communication Services for Individuals with Severe Disabilities: FAQs and Discussion

Symposium Presented at the Annual Conference of the American Speech-Language Hearing Association, November, 2010, Philadelphia PA

National Joint Committee for the Communication Needs of Persons with Severe Disabilities

Introduction and Overview of the NJC

What is the National Joint Committee for the Communication Needs of Persons with Severe Disabilities (NJC)?

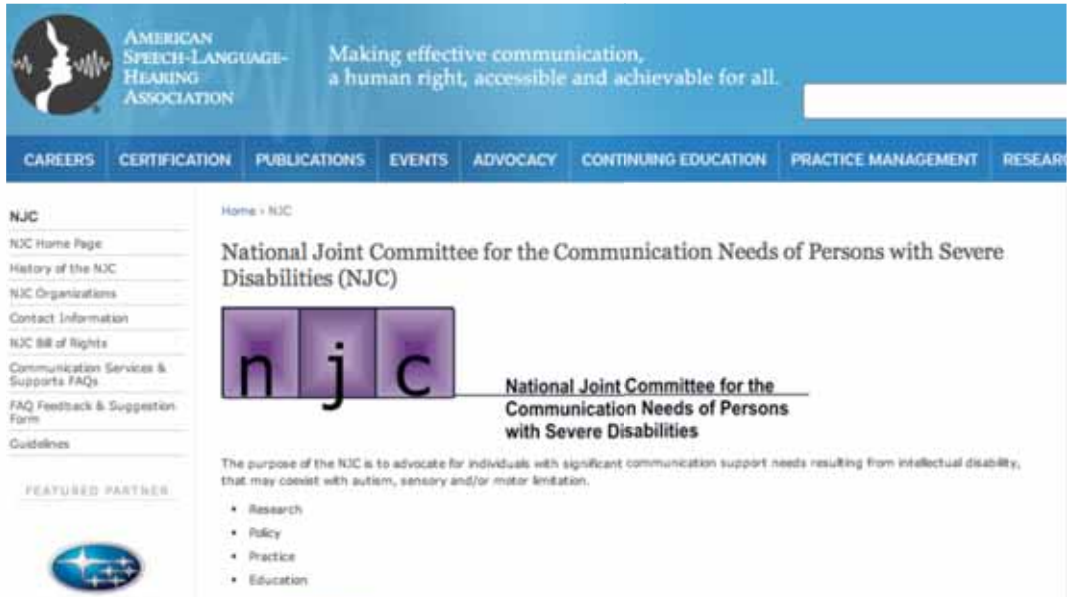
- Formed in 1986 by ASHA and TASH
- Mission Statement
  - To advocate for individuals with significant communication support needs resulting from intellectual disability, that may coexist with autism, sensory and/or motor limitations.
    - research
    - policy
    - practice
    - education

Current Member Organizations

- American Association on Intellectual and Developmental Disabilities (**AAIDD**)
- American Occupational Therapy Association (**AOTA**)
- American Physical Therapy Association (**APTA**)
- American Speech-Language-Hearing Association (**ASHA**)
- Association of Assistive Technology Act Programs (ATAP)
- Council for Exceptional Children (**CEC**), Division for Communicative Disabilities and Deafness (**DCDD**)
- **RESNA**
- **TASH**
- United States Society for Augmentative and Alternative Communication (**USSAAC**)

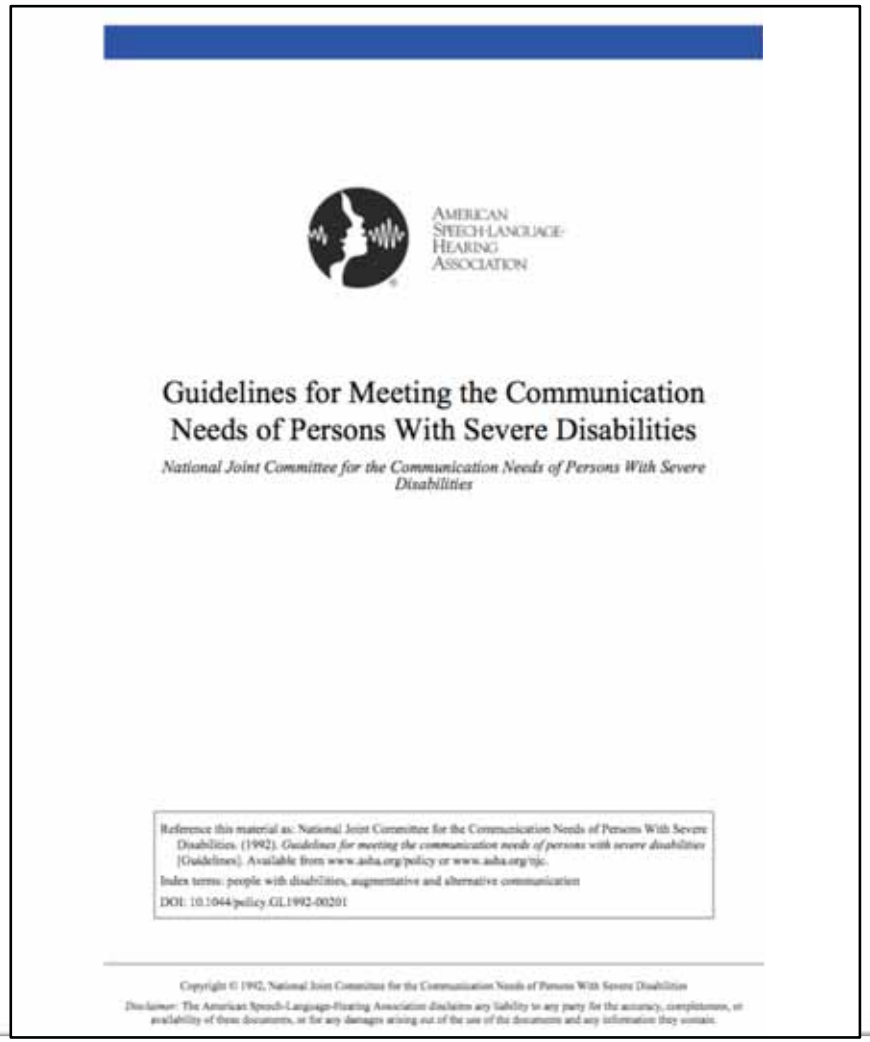
NJC Website: www.asha.org/njc

We're also on Facebook:
search the term
National Joint Committee



NJC Papers and Resources

- Guidelines for Service Delivery – 1992



American Speech-Language-Hearing Association

Guidelines for Meeting the Communication Needs of Persons With Severe Disabilities

National Joint Committee for the Communication Needs of Persons With Severe Disabilities

Reference this material as: National Joint Committee for the Communication Needs of Persons With Severe Disabilities. (1992). *Guidelines for meeting the communication needs of persons with severe disabilities* [Guidelines]. Available from www.asha.org/policy or www.asha.org/njc.

Index terms: people with disabilities, augmentative and alternative communication

DOI: 10.1044/policy.GL1992-00201

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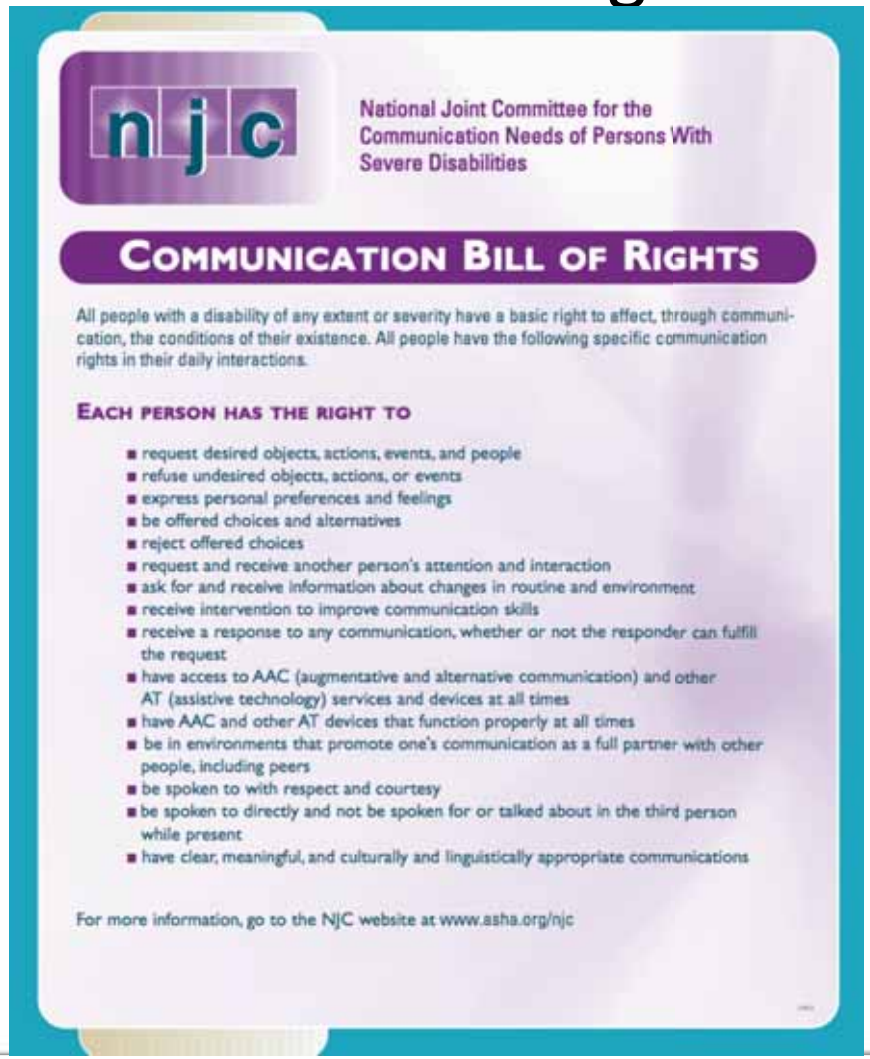
NJC Papers and Resources

- Communication Bill of Rights – 1992



National Joint Committee for the Communication Needs of Persons With Severe Disabilities

COMMUNICATION BILL OF RIGHTS

All people with a disability of any extent or severity have a basic right to affect, through communication, the conditions of their existence. All people have the following specific communication rights in their daily interactions.

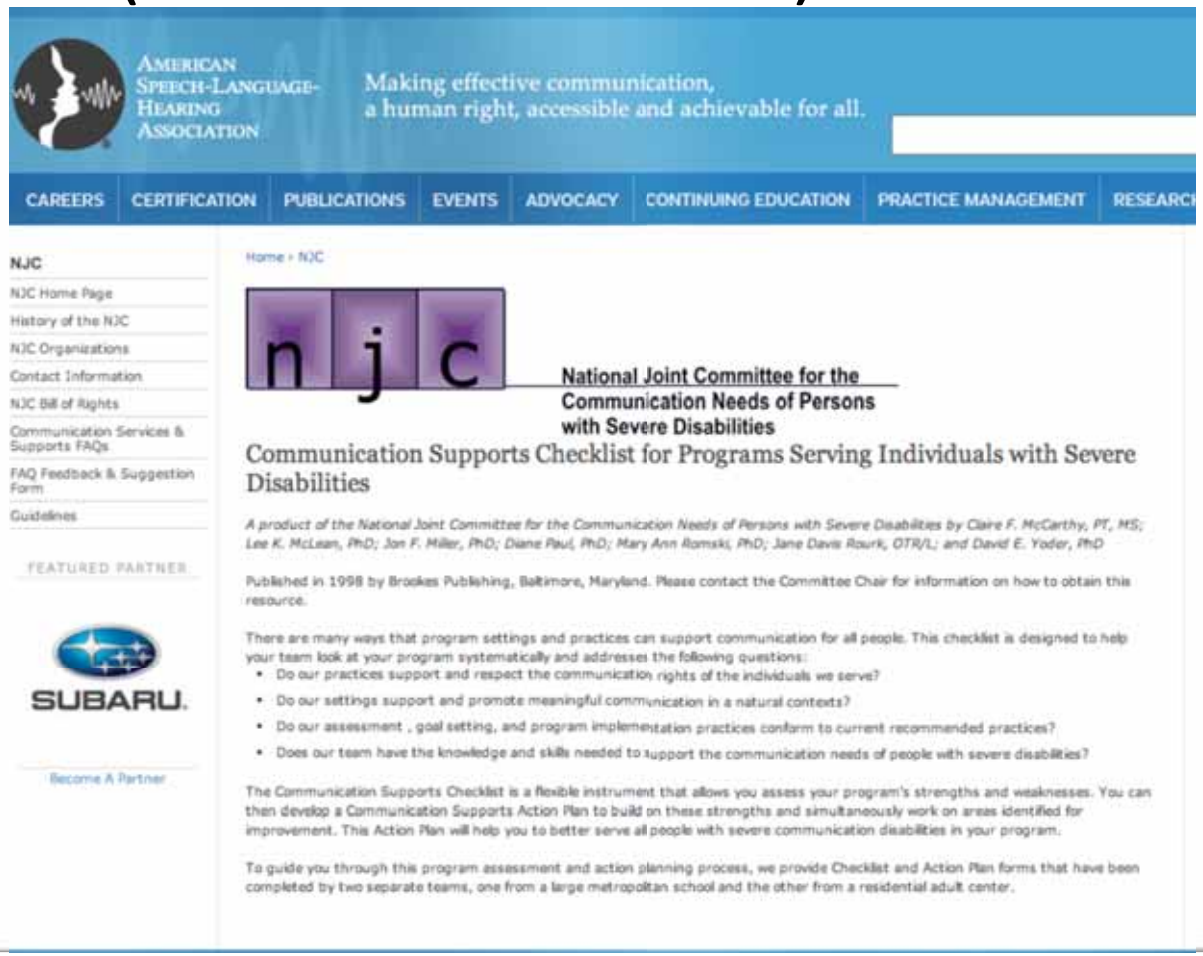
EACH PERSON HAS THE RIGHT TO

- request desired objects, actions, events, and people
- refuse undesired objects, actions, or events
- express personal preferences and feelings
- be offered choices and alternatives
- reject offered choices
- request and receive another person's attention and interaction
- ask for and receive information about changes in routine and environment
- receive intervention to improve communication skills
- receive a response to any communication, whether or not the responder can fulfill the request
- have access to AAC (augmentative and alternative communication) and other AT (assistive technology) services and devices at all times
- have AAC and other AT devices that function properly at all times
- be in environments that promote one's communication as a full partner with other people, including peers
- be spoken to with respect and courtesy
- be spoken to directly and not be spoken for or talked about in the third person while present
- have clear, meaningful, and culturally and linguistically appropriate communications

For more information, go to the NJC website at www.asha.org/njc

NJC Papers and Resources

- Communication Supports Checklist – 1998 (Baltimore: Brookes)



American Speech-Language-Hearing Association

Making effective communication, a human right, accessible and achievable for all.

CAREERS | CERTIFICATION | PUBLICATIONS | EVENTS | ADVOCACY | CONTINUING EDUCATION | PRACTICE MANAGEMENT | RESEARCH

NJC

- NJC Home Page
- History of the NJC
- NJC Organizations
- Contact Information
- NJC Bill of Rights
- Communication Services & Supports FAQs
- FAQ Feedback & Suggestion Form
- Guidelines

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National Joint Committee for the Communication Needs of Persons with Severe Disabilities

Communication Supports Checklist for Programs Serving Individuals with Severe Disabilities

A product of the National Joint Committee for the Communication Needs of Persons with Severe Disabilities by Claire F. McCarthy, PT, MS; Lee K. McLean, PhD; Jan F. Miller, PhD; Diane Paul, PhD; Mary Ann Romski, PhD; Jane Davis Rourk, OTR/L; and David E. Yoder, PhD

Published in 1998 by Brookes Publishing, Baltimore, Maryland. Please contact the Committee Chair for information on how to obtain this resource.

There are many ways that program settings and practices can support communication for all people. This checklist is designed to help your team look at your program systematically and addresses the following questions:

- Do our practices support and respect the communication rights of the individuals we serve?
- Do our settings support and promote meaningful communication in a natural contexts?
- Do our assessment , goal setting, and program implementation practices conform to current recommended practices?
- Does our team have the knowledge and skills needed to support the communication needs of people with severe disabilities?

The Communication Supports Checklist is a flexible instrument that allows you assess your program's strengths and weaknesses. You can then develop a Communication Supports Action Plan to build on these strengths and simultaneously work on areas identified for improvement. This Action Plan will help you to better serve all people with severe communication disabilities in your program.

To guide you through this program assessment and action planning process, we provide Checklist and Action Plan forms that have been completed by two separate teams, one from a large metropolitan school and the other from a residential adult center.

NJC Papers and Resources

- New! The NJC MYEP! What is it?

McLean-Yoder

Exemplary Practice Award

NJC Papers and Resources

- *Access to Communication Services and Supports: Refuting Restrictive Eligibility Policies and Practices* – Position statement and Technical report, 2002

Published related articles in RPSD and Exceptional Parent

NJC Papers and Resources

- September 2010:

VOLUME 115, NUMBER 5: 364–380 | SEPTEMBER 2010 AJIDD

Twenty Years of Communication Intervention Research With Individuals Who Have Severe Intellectual and Developmental Disabilities

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University of North Carolina at Chapel-Hill

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University of Delaware

Diane Paul
American Speech-Language-Hearing Association (Rockville, MD)

Mary Ann Romski and Rose Sevcik
Georgia State University

Abstract
This literature review was conducted to evaluate the current state of evidence supporting communication interventions for individuals with severe intellectual and developmental disabilities. We reviewed 116 articles published between 1987 and 2007 in refereed journals meeting three criteria: (a) described a communication intervention, (b) involved one or more participants with severe intellectual and developmental disabilities, and (c) addressed one or more areas of communication performance. Many researchers failed to report treatment fidelity or to assess basic aspects of intervention effects, including generalization, maintenance, and social validity. The evidence reviewed indicates that 96% of the studies reported positive changes in some aspects of communication. These findings support the provision of communication intervention to persons with severe intellectual and developmental disabilities. Gaps in the research were reported as were recommendations for future research.

DOI: 10.1352/1944-7558-115-5.364

NJC Conference: Spring, 2011

- NJC is hosting its first conference…

National Joint Committee for the Communication Needs of Persons with Severe Disabilities

Research Challenges and Future Directions in Evidence-Based Communication Interventions for Individuals with Severe Disabilities

Georgia State University, Atlanta, GA

The National Joint Committee invites you to attend a research conference.

Conference Topics include:

- A comprehensive integration of the literature on communication interventions for individuals with severe disabilities,
- Discussions about research design, methodology, and measurement, and
- Development of future research directions.

Conference presenters and panelists include experts in the field of communication intervention research and related fields with diverse perspectives and methodologies.

Please hold this date on your calendars as more information and registration will be coming soon!

MaryAnn Romski and Rose A. Sevcik (Co-Chairs)

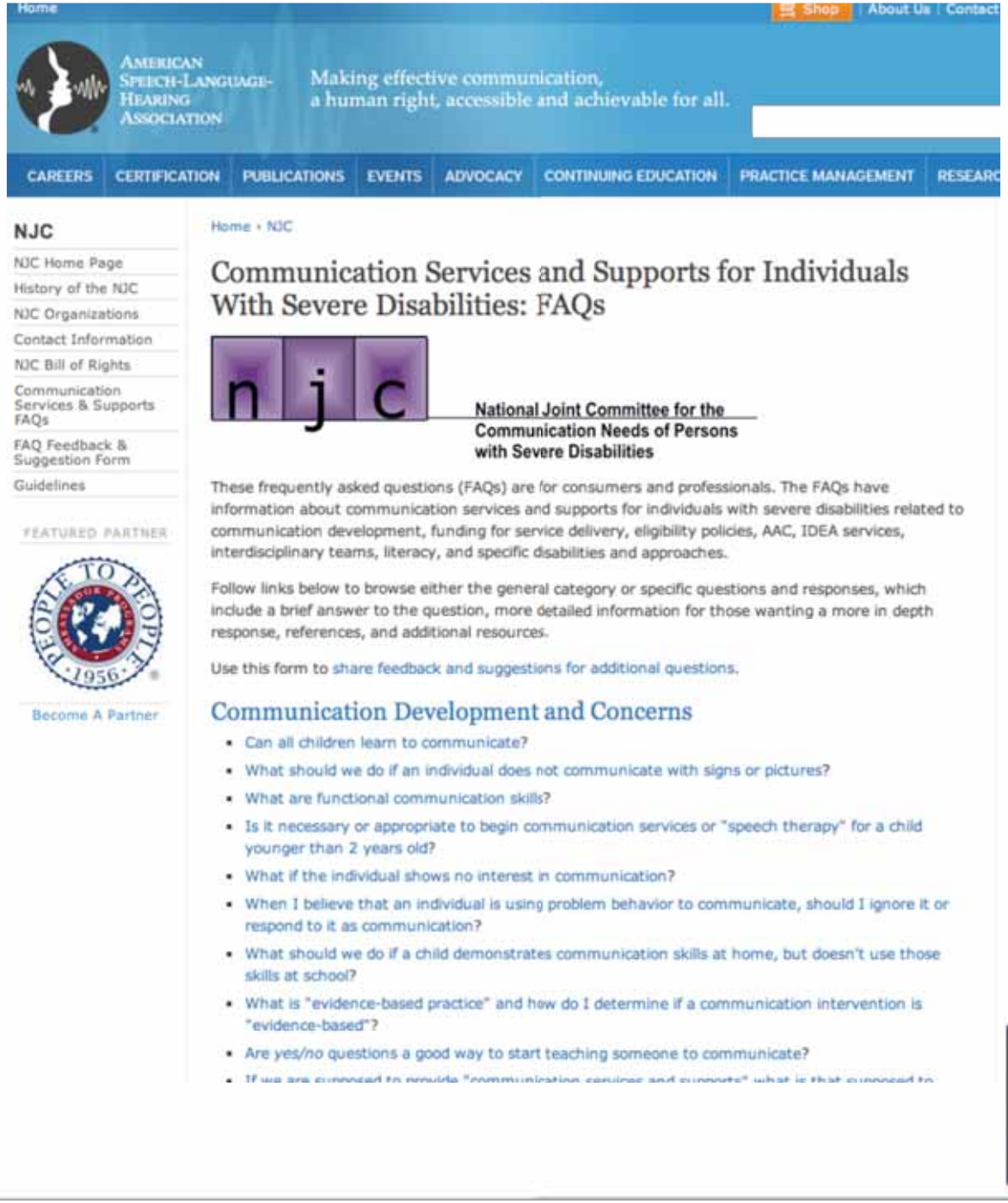
Georgia State University
The Loudermilk Center
40 Courtland St. NE
Atlanta, GA 30303

For more information, contact Danielle Holtman:
dholtman@gsu.edu or 404-413-5119

SAVE THE DATE
JUNE 9-11, 2011

Other NJC Resources

- ASHA videoconference on *Quality Indicators: Programs Serving People with Severe Communication Impairments* (2000) and ASHA Telephone Seminar (2003), *Service eligibility of children and adults with severe disabilities*
- Presentations at annual conferences by each member organization
- *Frequently Asked Questions*: An interactive web link for information about communication services and supports for individuals with severe disabilities **http://www.asha.org/NJC/faqs-njc.htm**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Contact
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CAREERS
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PUBLICATIONS
EVENTS
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PRACTICE MANAGEMENT
RESEARC
NJC
NJC Home Page
History of the NJC
NJC Organizations
Contact Information
NJC Bill of Rights
Communication Services & Supports FAQs
FAQ Feedback & Suggestion Form
Guidelines
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People to People
Become A Partner
Home › NJC
Communication Services and Supports for Individuals With Severe Disabilities: FAQs
National Joint Committee for the Communication Needs of Persons with Severe Disabilities
These frequently asked questions (FAQs) are for consumers and professionals. The FAQs have information about communication services and supports for individuals with severe disabilities related to communication development, funding for service delivery, eligibility policies, AAC, IDEA services, interdisciplinary teams, literacy, and specific disabilities and approaches.
Follow links below to browse either the general category or specific questions and responses, which include a brief answer to the question, more detailed information for those wanting a more in depth response, references, and additional resources.
Use this form to share feedback and suggestions for additional questions.
Communication Development and Concerns
Can all children learn to communicate?
What should we do if an individual does not communicate with signs or pictures?
What are functional communication skills?
Is it necessary or appropriate to begin communication services or "speech therapy" for a child younger than 2 years old?
What if the individual shows no interest in communication?
When I believe that an individual is using problem behavior to communicate, should I ignore it or respond to it as communication?
What should we do if a child demonstrates communication skills at home, but doesn't use those skills at school?
What is "evidence-based practice" and how do I determine if a communication intervention is "evidence-based"?
Are yes/no questions a good way to start teaching someone to communicate?

FAQ organization

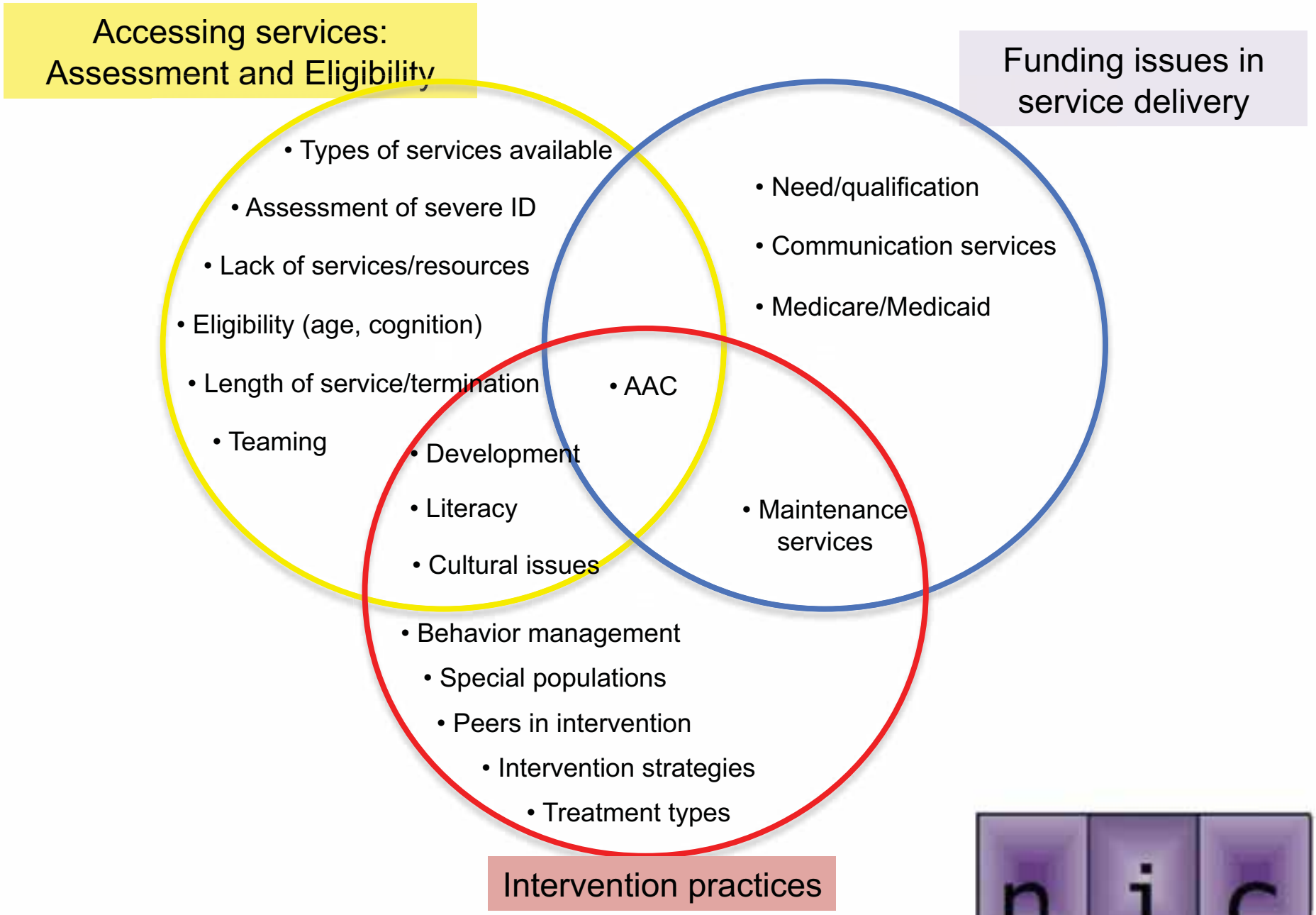
- The FAQs have grown and changed since we first implemented them

- On the website, the FAQs are organized into categories that are well suited to presentation in a linear or text-based format.

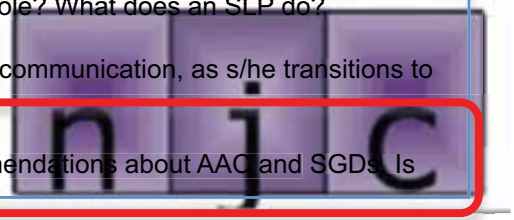
- Here, we present the very same set of materials but in a slightly different format better suited to this interactive context

Session organization

- Describe the FAQs and their relationship
- Detailed examples of the FAQs from each category
- Solicit questions from audience – questions that have arisen in your practices
  - Notecards being handed out
  - Collection of notecards near the end of the discussion.


Accessing services:
Assessment and Eligibility
Funding issues in service delivery
• Types of services available
• Assessment of severe ID
• Lack of services/resources
• Eligibility (age, cognition)
• Length of service/termination
• Teaming
• Need/qualification
• Communication services
• Medicare/Medicaid
• AAC
• Development
• Literacy
• Cultural issues
• Maintenance services
• Behavior management
• Special populations
• Peers in intervention
• Intervention strategies
• Treatment types
Intervention practices

• Types of services available	• What types of related services are appropriate for secondary students already in a specific learning disabilities class? • What is the difference between direct and indirect services?
• Assessment of severe ID	• What tools could be recommended for assessing a student with mental retardation or autism spectrum disorder who is low verbal?
• Lack of services/resources	• How do you provide services if your district does not have enough personnel with appropriate training or experience to serve students with severe disabilities? • What if my child is not learning because the SLP does not have the skills to teach my child?
• Age and eligibility	•Is it too late to do communication training after age 22? • Is it necessary or appropriate to begin communication services for a child younger than 2 years old?
• Cognition and eligibility	• How does my child's cognitive age relate to his/her learning to communicate? • Does my child have to have certain cognitive or thinking skills to be ready to learn to communicate? • Arent there cognitive prerequisites for language? • How do IQ tests take into account speech delays?
• Length of service/termination	• How long should a SLP continue providing communication services and supports to an individual with severe disabilities when s/he is not able to document progress on treatment goals? • When should a person be discharged from SLP treatment? • Should I terminate services if the individual has made no progress in the past?
• Teaming	• Who are members of an interdisciplinary team? What is their role? What does an SLP do? • How can I help providers understand my child and encourage communication, as s/he transitions to new classes at the beginning of the school year? • Some professionals from other disciplines are making recommendations about AAC and SGDs. Is this ok?



Is it too late to begin communication training after age 22?

- Issue: Short Answer: NO!
- Key point #1: Transitions to new work and living environments in adulthood likely to create need for communication services
  - to support development of communication forms and functions appropriate to new settings
  - to educate new communication partners about individual's communication forms and support needs

• more

Is it too late to begin communication training after age 22?

- Key point #2: Even if records indicate an adult "did not benefit" in earlier years, this does not indicate inability to benefit from services in adulthood, because:
  - Research has documented continued development of communication/ language skills through young adult years
  - New approaches to intervention and advances in AAC technology offer greater chance of success
- Bottom Line: Communication is a lifelong activity of value to people of all ages; intervention to facilitate effective communication is warranted for all ages

What this FAQ answer looks like on the web:

Isn't it too late to do communication training after age 22 years?

No. Research has shown that many individuals with significant disabilities continue to develop their communication and language skills throughout their young adult years. In addition, as adults move into new living or working environments, they often need communication services to adapt their communication to the needs of the new setting. For example, they may need new words added to their communication device, or may need to learn how to communicate new functions or meanings. Another important outcome for communication services provided to adults is to assure that their new communication partners (co-workers, job coaches, support personnel) can understand and communicate effectively with the individual who uses non-conventional or non-spoken communication.

Although rec… when s/he w… services offer… communicati… A number of … measurable g…

Communicat… and move int… disabilities oft… needs of the … or may need … communicati… partners (co-… with the indi…

For more in…

Read the NJC… disabilities, in…

Research showing continued communication development in adolescence and adulthood

Chapman, R. (1997). Language development in children and adolescents with Down syndrome. *Mental Retardation & Developmental Disabilities Research Reviews, 3* , 307- 312.

McLean, L. K., Brady, N. C., & McLean, J. E. (1996). Reported communication abilities of individuals with severe mental retardation. *American Journal on Mental Retardation, 100* , 580-591.

Research documenting measurable gains from communication services provided to older individuals with severe disabilities

Iacono, T., Carter, M., & Hook, J. (1998). Identification of intentional communication in students with severe and multiple disabilities. *Augmentative and Alternative Communication, 14,* 102-114.

McLean, L. K. & McLean, J. E. (1993). Communication intervention for adults with severe mental retardation. *Topics in Language Disorders, 13* (3), 47-60.

Romski, M. A., Sevcik., R. A., & Pate, J. L. (1988). The establishment of symbolic communication in a person with severe retardation. *Journal of Speech and Hearing Disorders, 53,* 94-107.

Sack, S. H., McLean, L., McLean, J., & Spradlin, J. (1992). Effects of increased opportunities within scripted activities on communication rates of individuals with severe retardation. *Behavioral Residential Treatment, 7* (3), 235-257.

Some professionals from other disciplines are making recommendations about AAC and SGDs. Is that OK?

- Issue: shortage of SLP's with expertise in AAC
  - What expertise is helpful?
- Issue: Team models
- Issue: Scope of practice
- Examples from the field
- Bottom Line: Who is in the best position to make the most knowledgeable recommendation for a given student/client?

What this FAQ answer looks like on the web:

There is a general shortage of speech-language pathologists (SLPs) in my area; in particular, there are very few SLPs who are familiar with augmentative and alternative communication (AAC) and serve from other disciplines, such as ps recommendations about AAC and

This question involves the issues of *tea* team to provide service) and *scope of p* among team professionals must always that only the SLP on a team is licensed the insights of the other team member release" among professionals operating service provision by a single individual v the primary provider be an individual w disorder, and evidence-based interventi

Clearly, the SLP can play an important SGDs. Insurance reimbursements for p thus, if the family would like the device necessary (see *Key Questions for Medic AAC/SGDs: Some Frequently Asked Qu* someone learning to use an SGD shoul services for all individuals. Recommend recommendations are being made, rath involve SGDs.

Development of AAC interventions requires expertise in communication development, disorders, evidence-based practice, and how to best match a client's communication skills to the features of different SGDs. Although by nature of their training SLPs are often the individuals with the greatest expertise in these areas, professionals from other disciplines (e.g., psychologists, occupational and physical therapists, assistive technology experts, and special educators) may have extensive knowledge in these areas as well. Even when the SLP is the primary provider, his or her recommendations for implementing intervention never occur without input from and collaboration with other members of the team. As noted in the technical report on AAC published by ASHA (2004, p. 9), "The SLP must acknowledge the need for expertise from other service providers who may include, but certainly not be limited to, physician, occupational therapist, physical therapist, vision specialist, rehabilitative engineer, teacher, psychologist, behavior consultant, and social worker. No less significant is input from parents, spouses, employers, and significant others."

There are a number of appropriate roles for team members. For instance, parents or caregivers can share insights about functional abilities and physical stamina across the course of a day; occupational and physical therapists will be critical in helping to determine best matches for motor control and/or positioning, relative to the features of the SGD and the client's abilities; and behavioral specialists and educators will aid in structuring procedures for the effective implementation of the SGD in a variety of settings, for a variety of functions.

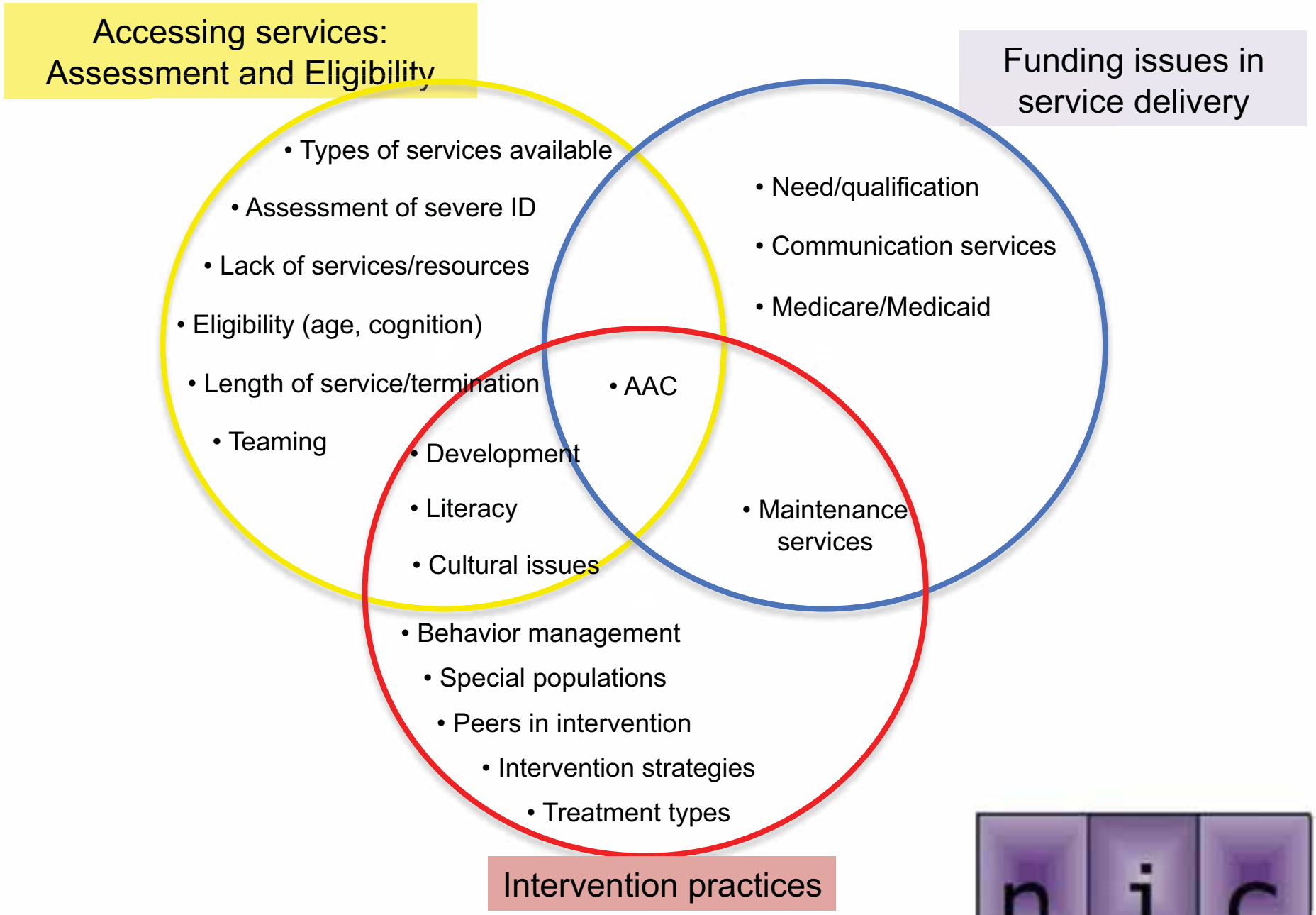
For more information, see this other related FAQ:

Who are members of an interdisciplinary team? What is their role?

References:

American Speech-Language-Hearing Association. (2004). *Roles and responsibilities of speech-language pathologists with respect to augmentative and alternative communication: Technical report*. Available from www.asha.org/policy.

American Speech-Language-Hearing Association. (2008). *Roles and responsibilities of speech-language pathologists in early intervention: Guidelines*. Available from www.asha.org/policy.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• Maintenance services
• Behavior management
• Special populations
• Peers in intervention
• Intervention strategies
• Treatment types
Intervention practices

- Behavior Management
  - When I believe that an individual is using problem behavior to communicate, should I ignore it or respond to it as communication?
  - What is ABA and how is it applicable to communication training?
- Special Populations
  - I have a couple of students with autism on my caseload. What program should I use?
  - What communication services are available for children who are deaf-blind?
  - Is it appropriate to work on communication skills if the child has a degenerative condition?
  - What approach is best for enhancing communication skills for my child's syndrome or specific disability?
  - What are the recommended assessment and intervention strategies for individuals with Down syndrome?
- Peers in intervention
  - Do children with severe disabilities really benefit from being around typical peers?
  - How are typically developing children affected by interactions with children who have severe disabilities?
- Intervention strategies
  - Are yes/no questions a good way to start teaching someone to communicate?
  - What should we do if an individual does not communicate with signs or pictures?
  - What if the child shows no interest in communication?
  - What should we do if a child demonstrates communication skills at home, but doesn't use those skills at school?
  - Why would an SLP work with a child who doesn't talk?
  - If we are supposed to provide "communication services and supports", what is that supposed to include beyond teaching and therapy?
- Treatment types
  - What is evidence based practice and how do I determine if an intervention is evidence based?
  - What is the difference between individual and group treatment?
  - Does oral motor treatment help with speech and communication development?

What if the individual shows no interest in communication?

- Issue: "Lack of interest" may reflect lack of exposure to preferred activities or events
  - Conduct preference assessments to determine greater breadth of motivating activities
  - Interview caregivers
- Response:
  - follow up by providing opportunities for the individual to engage in the activities identified
  - Watch for signs of interest (may be idiosyncratic)
- Bottom line: A seeming lack of "interest" on the part of a client may actually be traced a lack of identification of motivating activities about which to communicate.

What this FAQ answer looks like on the web:

What if the individual shows no interest in communication?

Lack of interest may indicate that the individual is not being exposed to preferred activities and events during the times that communication is being evaluated. It may be worth spending time doing what are called preference assessments to identify more activities that interest an individual. A good way to start a preference assessment is to interview parents, teachers, or others who are very familiar with the individual. Ask about any and all activities that the individual seems to like or prefers to do when given a choice. Then follow up the interview by providing opportunities for the individual to participate in the activities that familiar partners have suggested as preferred. Watch for any indication that the individual is interested in these activities. Preferred activities are ideal contexts for teaching individuals to request. An alternative strategy is to identify items that an individual really doesn't like. These activities can be appropriate contexts for teaching communication responses that indicate, "I don't want to do that." Caution must be exercised when teaching rejecting, however. No item that is harmful to the individual should ever be used in evaluations or instructions.

Why would an SLP work with a child who does not talk?

- Issue: Scope of SLP practice
  - SLPs work with children and adults of all ages who have various communication disorders
  - SLPs do more than strictly help people pronounce speech sounds correctly or stop stuttering
- Issue: A child who doesn't talk needs help to build a functional system for:
  - communicating with others, and
  - understanding what others are saying to them.
  - In many cases an AAC system will be designed to help with these needs.
- Bottom line: Communication is broader than speech, and communication goals are just as important as speech-related ones.

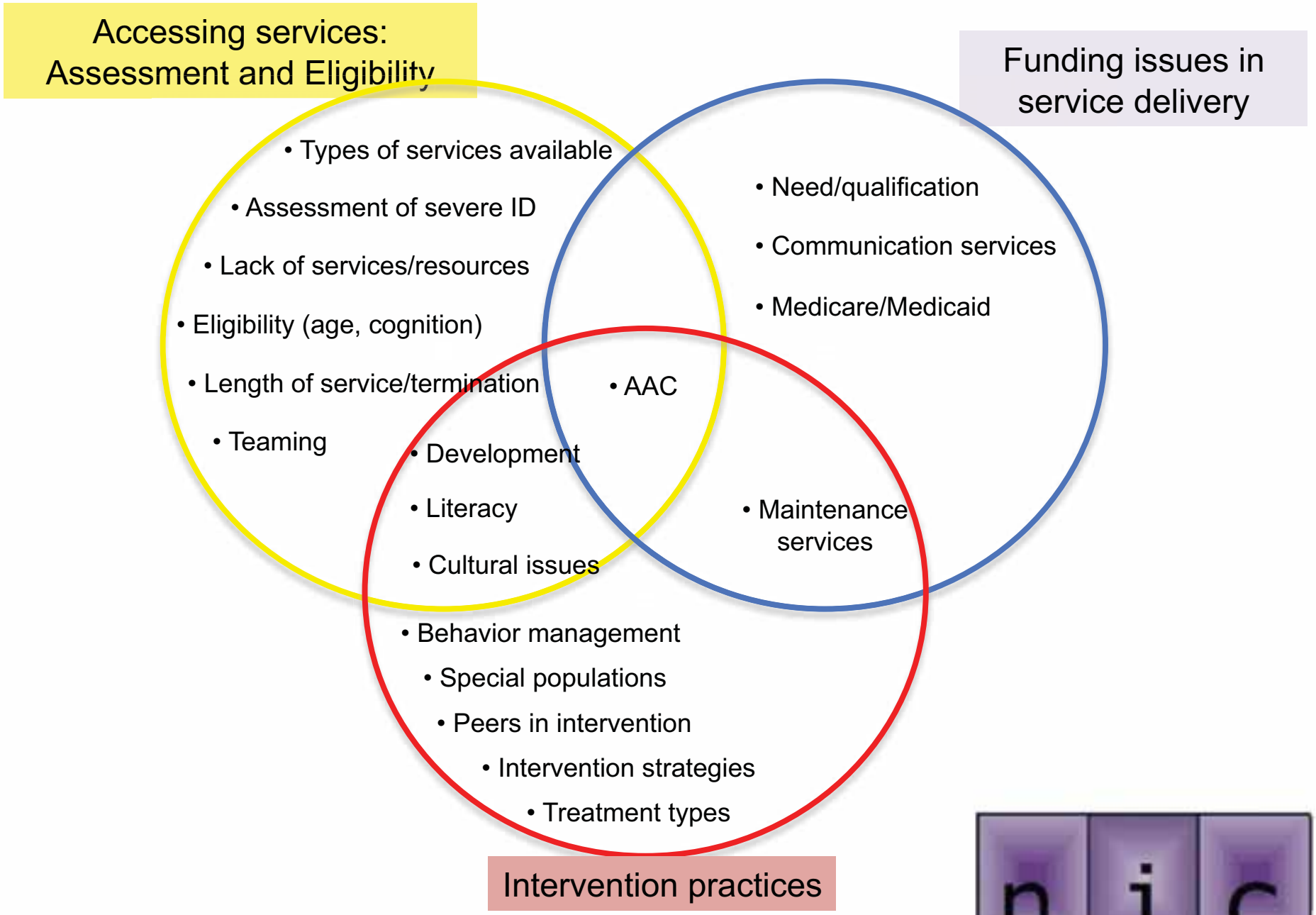
What this FAQ answer looks like on the web:

Why would a speech-language pathologist work with a child who doesn't talk?

A speech-language pathologist works with children and adults of all ages who have communication disorders. Speech-language pathologists do more than strictly help people pronounce speech sounds correctly or stop stuttering. A child who doesn't talk needs help from a speech-language pathologist, and other members of a team, including family and teachers, to build a functional system for communicating with others and understand the communication of others. In many cases, augmentative or alternative communication approaches will be designed to teach such a student who is not using speech to communicate. These systems might include, for example, the use of pictures, manual signs, or simple to complex electronic devices that speak for the student.

Communication services should be started just as soon as a communication delay or disorder is diagnosed. Long before we expect children to be talking, there are many important communication skills that should be developing. These early skills include how to interact with other people and things, how to understand spoken language, and how to communicate to others using gestures or symbols. A professional evaluation can determine if a child is developing appropriately in all these areas. If not, an intervention program can be designed to help the child develop these skills. To learn more about early intervention services required under Federal law, and to locate the early intervention agency in your state, go to the National Early Childhood Technical Assistance Center Web site.

See also: Can all children learn to communicate?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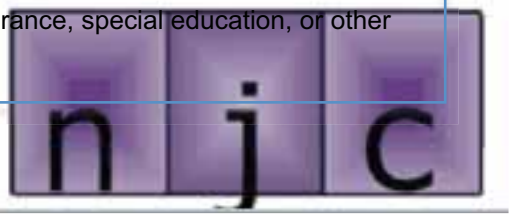
- Need/qualification
  - Are communication services typically considered medically or educationally necessary?
  - How can communication services, including AAC services, be documented as educationally necessary?
  - The school district AT team says that a student we serve does not qualify for AAC because she has some speech. The student is about 50% unintelligible to familiar partners in known context conditions.
- Communication services
  - Does a school's obligation to provide AT devices/services mean that the district always pays for them?
  - If my child needs communication services, including AAC, who pays for it?
  - Are communication services, including AAC, covered for children age birth to three years?
  - Are communication services, including AAC, covered by adult services programs?
  - Does private insurance provide reimbursement for communication services, including AAC devices and services?
- Medicare/Medicaid
  - Do Medicare/Medicaid programs provide reimbursement for AAC services?
  - Are services free for children birth to three years?
  - Can a healthcare provider be reimbursed for indirect services? Do Medicare, Medicaid, or private insurance pay for indirect services?
- Maintenance services
  - Are "maintenance services eligible for coverage under insurance, special education, or other payment/reimbursement systems?



If my child needs communication services, including AAC, who pays for it?

- Issue: Eligibility for services depends on many factors, including
  - A person's age
  - Medical insurance
  - Enrollment in programs such as early intervention, special education, or vocational rehabilitation
- Usually, payment will be approved only if the need for services is documented by an authorized individual (physician, case worker)
- Bottom line: Payment for communication services involves individualized decisions and involvement of different professionals.

What this FAQ answer looks like on the web:

If my child needs communication services, including AAC, who pays for it?

Eligibility for services depends on many factors, including a person's age, medical insurance coverage, and enrollment in programs such as early intervention, special education, or vocational rehabilitation. In almost all cases, payment will be approved only if the need for services is documented by authorized individuals (e.g., physician, case manager, educational team, etc.). Click on the links for more information about early intervention, school services, private insurance, Medicaid, Medicare, or adult services programs.

Are communication services, including AAC, covered for children age birth to 3?
How can communication services, including AAC devices, be documented as "educationally necessary"?

Private insurance

Does private insurance provide reimbursement for communication services, including AAC devices and services?
How can communication services, including AAC devices, be documented as "medically necessary"?

Medicaid

Do Medicaid or Medicare programs provide reimbursement for AAC services?
How can communication services, including AAC devices, be documented as "medically necessary"?

Medicare

Do Medicaid or Medicare programs provide reimbursement for AAC services?
How can communication services, including AAC devices, be documented as "medically necessary"?

Adult services program

Are communication services, including AAC, covered by adult services programs?

Are communication services, including AAC, covered by adult services programs?

- Issue: There is no blanket entitlement to free therapeutic or assistive technology services
- In some cases, services may be funded through:
  - State-administered programs
  - Medicaid/Medicare
  - Private insurance
  - Every state has agencies responsible for providing services to individuals with disabilities
  - The US Dept of HHS has links to these programs
  - Kiwanis and others also help.
- Bottom line: Creativity is key in accessing assistance through a variety of possible sources.

What this FAQ answer looks like on the web:

Are communication services, including AAC, covered by adult services programs?

Currently, adults with disabilities in the United States do not have a blanket entitlement to free therapeutic services or assistive technology. In some cases, however, services may be funded through state-administered programs, private insurance, Medicaid, or Medicare. Every state has agencies responsible for providing services to individuals with disabilities, such as Vocational Rehabilitation, independent living programs, and those serving individuals with developmental disabilities. The U.S. Department of Health and Human Services provides links to the disability programs in each state.

For more information:

U.S. Department of Health and Human Services - http://www.acf.hhs.gov/

How can communication services be documented as educationally necessary?

- Issue: Services can be both medically and educationally necessary, and the approach to payment for services depends on the "system" being approached
- If the school is the targeted funding source, justify need in terms of <u>educational</u> necessity:
  - The student's ability to access, participate in, and demonstrate progress with respect to the general education curriculum (documented in IEP or 504 plan)
  - *Communication* and *assistive technology* are among the "special factors" that must be considered by all IEP teams

– more

- If private or public insurance is being sought, justify the need in terms of medical necessity
  - Medical necessity arises when the communication limitation arises from a diagnosed condition. Communication services might restore lost function, forestall further functional decline, or provide an alternative means of performing the function
- Bottom line: Tailor the request to the domain of the funding source and confine your justification to one or the other.

What this FAQ answer looks like on the web:

How can communication services, including AAC devices, be documented as "educationally necessary"?

Devices and services are deemed **educationally necessary** when they allow the child to benefit from a free, appropriate public education in the least restrictive environment. The Individuals with Disabilities Education Act specifies that special education services should enable students to access, participate in, and demonstrate progress with respect to the general education curriculum. It is hard to imagine a case in which a student would have equal access to the curriculum and the ability to participate and progress without benefit of an adequate means of spoken and/or written communication! Communication services can be represented on the IEP as special education, related services, or supplementary aids and services. Because assistive technology is one of the "special factors" that IEP teams must consider for all children, IEP teams are obliged to discuss communication devices and services when a child's communication limitations are so significant that they impact the child's access to and potential to benefit from the general curriculum.

Do private insurance and/or Medicare/Medicaid provide reimbursement for AAC services?

- Issue: Insurance only covers what is spelled out in the coverage guidelines
- Even if AAC services are not explicitly included, they are covered if the policy includes SLP services
  - If AAC services are not included, they may be covered as durable medical equipment, as prosthetics and orthotics, or SLP services
  - Denial is more the rule than exception. Appeal every denial – many are overturned
- Bottom line: know the fine print, be creative and persistent, use language in coverage document

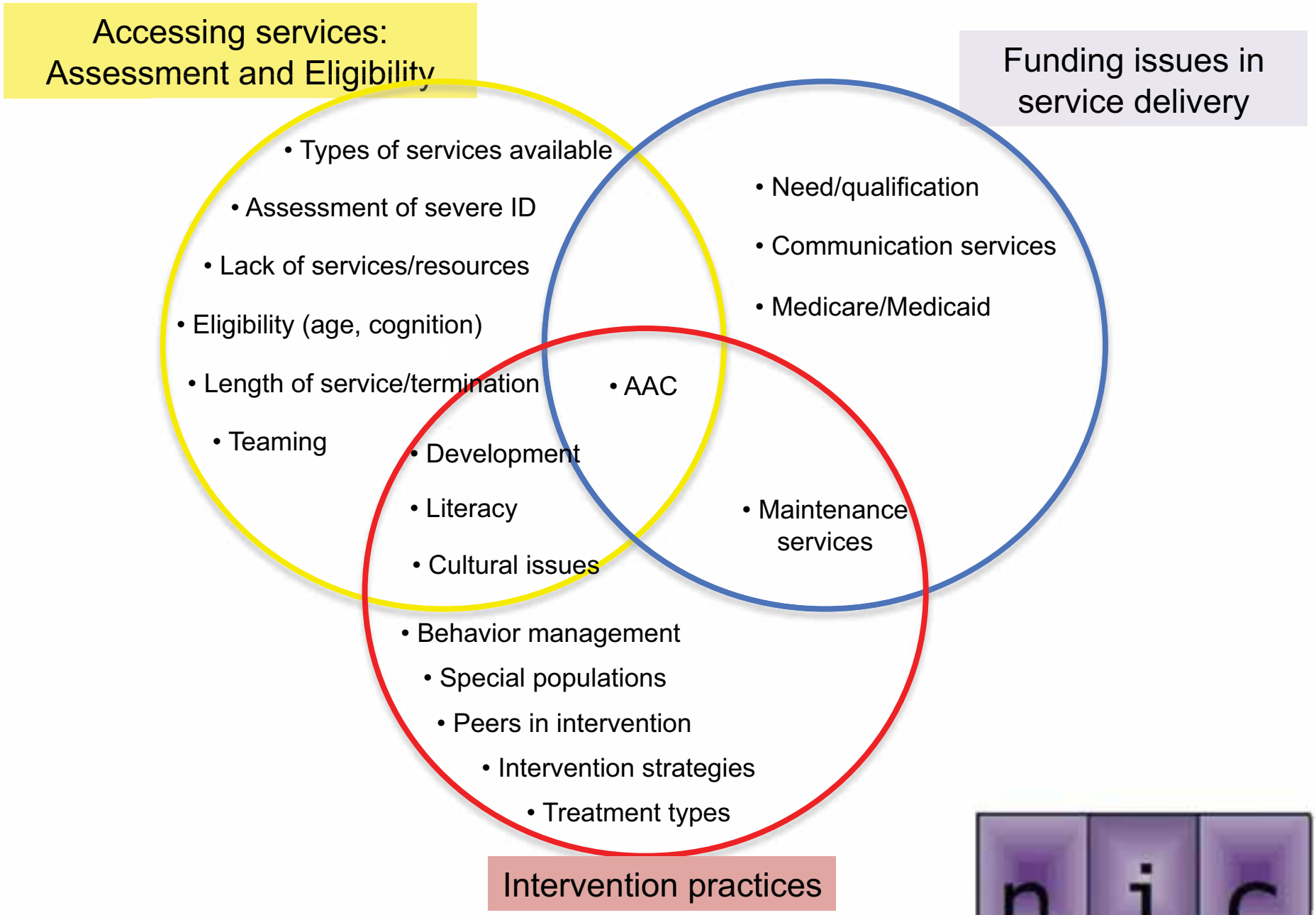
What this FAQ answer looks like on the web:

Do Medicaid or Medicare programs provide reimbursement for AAC services?

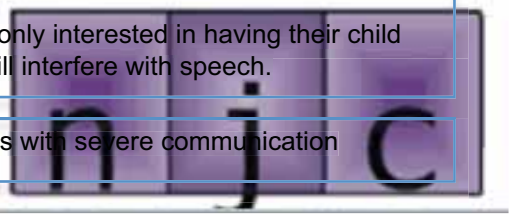
They do as long as the individual's coverage includes speech and language services. AAC services provided by a speech-language pathologist fall into this category. Reimbursement for devices may be a bit trickier. In some cases, the device may also be considered an element of speech and language services, but in other cases it is considered to be durable medical equipment (DME). If the insurer considers it DME, and the individual's policy excludes DME from coverage, device access may be more difficult. Nationwide, Medi **caid** funds speech-language services for children birth through 21 years of age. The availability of therapy services and device coverage for individuals older than 21 years varies from state to state. Under Medi **care** , beneficiaries must have elected coverage under the optional Part B - which carries with it monthly premiums, an annual deductible, and co-pays - in order to qualify for most speech and language services and DME. Medicare refers to AAC devices as "speech generating devices."

Does private insurance provide reimbursement for communication services, including AAC devices and services?

That depends entirely on the scope-of-coverage provisions within an individual's policy. If speech and language services are a covered benefit, then AAC services-and potentially AAC devices-could be construed as a form of speech/language services. If the policy has specific exclusion of speech/language services or durable medical equipment (DME), the insurer may not be obligated to cover AAC devices and/or services. Even when the scope of coverage includes speech and language services and/or DME, the insurer will only provide reimbursement when the services/devices are determined to be medically necessary.


Accessing services:
Assessment and Eligibility
Funding issues in service delivery
• Types of services available
• Assessment of severe ID
• Lack of services/resources
• Eligibility (age, cognition)
• Length of service/termination
• Teaming
• Need/qualification
• Communication services
• Medicare/Medicaid
• AAC
• Development
• Literacy
• Cultural issues
• Maintenance services
• Behavior management
• Special populations
• Peers in intervention
• Intervention strategies
• Treatment types
Intervention practices

- Development
  - Can all children learn how to communicate?
  - What are functional communication skills?
- Literacy
  - Can children with severe disabilities learn to read or write?
  - What are the signs of “emergent literacy” in a child with severe disabilities?
  - If a student is nonspeaking, and so cant read out loud, how can I assess his or her reading skills?
  - What strategies can I use to teach reading and writing to an individual with severe disabilities?
  - When should I start reading to my child?
- Basics of AAC
  - What is AAC?
  - Are there prerequisites to use AAC?
  - What is meant by aided vs unaided forms of communication?
  - Who uses AAC and how do I know AAC is right for my child?
  - Can sign language help improve my child’s communication?
  - Who would I contact to learn more about AAC?
  - Does the child have to understand the symbols on the device before I put them there?
  - How do you decide what kind of symbols or AAC device to use?
  - How do I decide whether a high technology or low technology communication device is better?
  - What considerations are there when determining the best mode of communication to target? For example, are pictures always better than signs?
  - How should I approach parents about AAC when they are only interested in having their child learn to speak? Many parents seem concerned that AAC will interfere with speech.
- Cultural issues
  - What role does culture play in serving children and families with severe communication disabilities?



When should I start reading to my child?

- Issue: It is never too soon nor is your child too young to begin learning about print
- Issue: Daily reading is essential to offering wide experience with print. Other activities include:
  - Playing word games
  - Magnetic letters
  - Identifying letters and words in different environments
- Challenge: For children with disabilities, the development of reading is sometimes neglected in favor of other types of language skills
- Bottom line: Exposure to print and literacy is critical to development and should occur as early as possible in children with disabilities

What this FAQ answer looks like on the web:

When should I start reading to my child?

It is never too soon nor is your child too young to begin learning about print.

Marilyn Adams (1994), author of *Beginning to Read* , describes how she read to her son since the time he was 6 weeks old. Daily reading, especially when the child is engaged at a level that is slightly above his or her expected level of performance is essential to offering wide experience with print. Playing word games, using magnetic letters, identifying letters and words in different environments are other ways in which to make children aware of the links between oral and written language. For children with significant disabilities, the development of reading skills sometimes can be neglected since parents and professionals may believe that other types of language skills should be in place before teaching the child about print.

For more information:

Adams, M.J. (1995). *Beginning to read* . Cambridge, MA: MIT Press.

Are there prerequisites to AAC?

- Issue: The currently accepted evidence in the literature suggests that there are no specific skills that are prerequisite to successful use of AAC in the broadest sense.
  - AAC is an intervention approach that can be the beginning of communication development for an individual
  - There are a number of AAC options available to begin the intervention process.
- Bottom line: There are no prerequisites to use AAC, and different approaches are available to allow for tailoring of AAC to the needs and skills of users

What this FAQ answer looks like on the web:

Are there prerequisites to use AAC?

There are no prerequisites to use AAC. The currently accepted evidence in the literature suggests that no specific skills are prerequisite for successful use of AAC in the broadest sense. AAC is an intervention approach that can be the beginning of communication development for an individual. There are a number of AAC options available to begin the intervention process.

For more information:

How does my child's cognitive age relate to his/her learning to communicate?
Position statement of the National Joint Committee

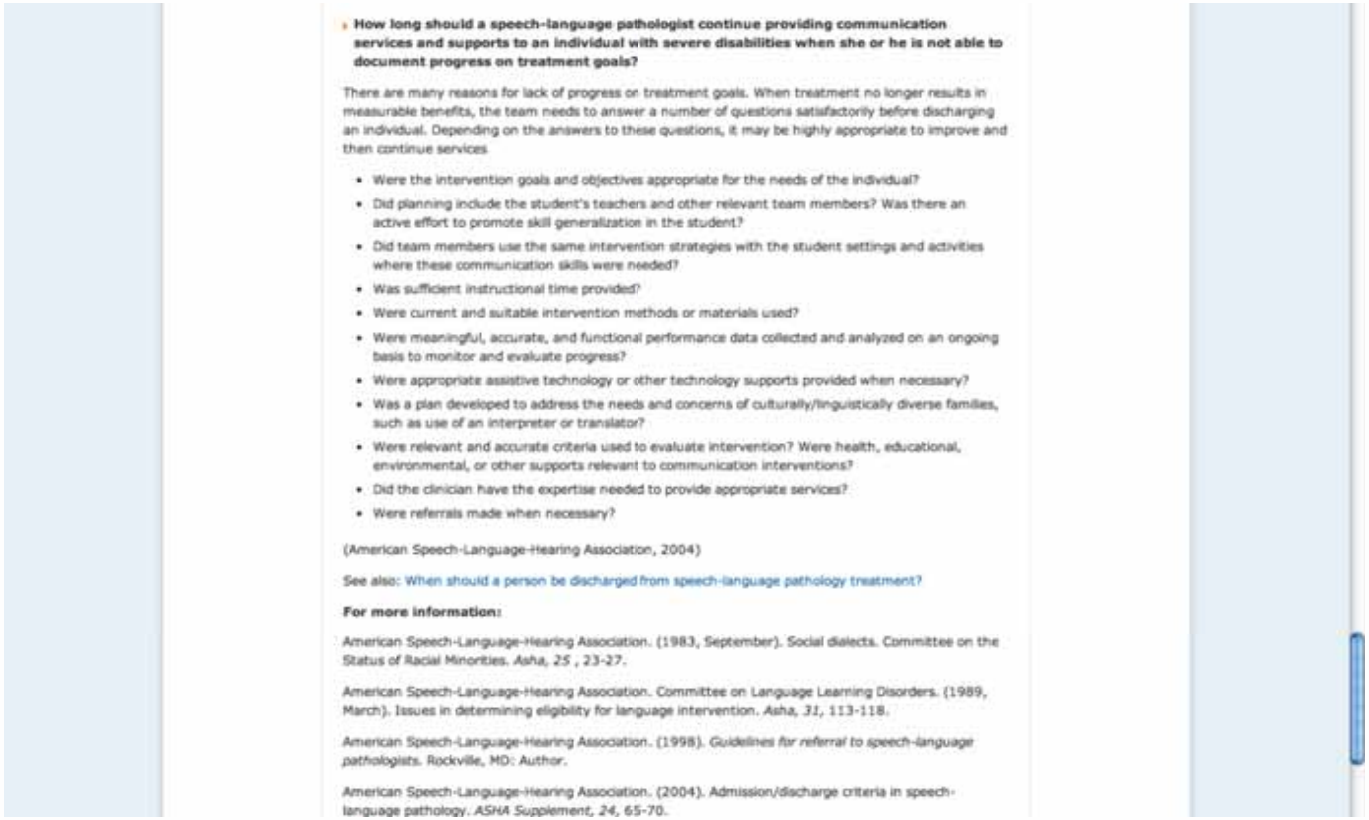
Ethical Considerations

- Many of our FAQ's involve not only the content issues, which has been our focus to this point, but also questions that relate to ethical issues surrounding service delivery
- All of our member organizations are governed by codes of ethics, and many have their own individual codes of ethics for that organization….

Sample FAQ's re Termination or Discharge from services:

- Should I terminate services if the individual has made no progress in the past?
- How long should a SLP continue providing communication services and supports t an individual with severe disabilities when s/he is not able to document progress on treatment goals?

Of course, the answer is : It depends . . .



How long should a speech-language pathologist continue providing communication services and supports to an individual with severe disabilities when she or he is not able to document progress on treatment goals?

There are many reasons for lack of progress or treatment goals. When treatment no longer results in measurable benefits, the team needs to answer a number of questions satisfactorily before discharging an individual. Depending on the answers to these questions, it may be highly appropriate to improve and then continue services

- Were the intervention goals and objectives appropriate for the needs of the individual?
- Did planning include the student's teachers and other relevant team members? Was there an active effort to promote skill generalization in the student?
- Did team members use the same intervention strategies with the student settings and activities where these communication skills were needed?
- Was sufficient instructional time provided?
- Were current and suitable intervention methods or materials used?
- Were meaningful, accurate, and functional performance data collected and analyzed on an ongoing basis to monitor and evaluate progress?
- Were appropriate assistive technology or other technology supports provided when necessary?
- Was a plan developed to address the needs and concerns of culturally/linguistically diverse families, such as use of an interpreter or translator?
- Were relevant and accurate criteria used to evaluate intervention? Were health, educational, environmental, or other supports relevant to communication interventions?
- Did the clinician have the expertise needed to provide appropriate services?
- Were referrals made when necessary?

(American Speech-Language-Hearing Association, 2004)

See also: When should a person be discharged from speech-language pathology treatment?

For more information:

American Speech-Language-Hearing Association. (1983, September). Social dialects. Committee on the Status of Racial Minorities. *Asha, 25* , 23-27.

American Speech-Language-Hearing Association. Committee on Language Learning Disorders. (1989, March). Issues in determining eligibility for language intervention. *Asha, 31*, 113-118.

American Speech-Language-Hearing Association. (1998). *Guidelines for referral to speech-language pathologists.* Rockville, MD: Author.

American Speech-Language-Hearing Association. (2004). Admission/discharge criteria in speech-language pathology. *ASHA Supplement, 24*, 65-70.

<u>But</u>, there are many issues and factors to consider:

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Summary of key considerations:

- Were past intervention goals appropriate for the individual's communication needs and abilities?
- Were intervention strategies based on current evidence and recommended practices?
- Was appropriate assistive technology, including AAC, identified and provided
- Did intervention plan address the needs and concerns of culturally / linguistically diverse families?
- Did the clinician have expertise needed to provide appropriate services?

Also…

- Were appropriate referrals made when needed?
- Was intervention delivered consistently and with sufficient density (enough learning opportunities per day, etc)?
- Were criteria for goal achievement relevant and measurable?
- Was progress on goals measured on an ongoing basis and data used to adjust strategies?

Etc.!!

Admission/Discharge Criteria in Speech-Language Pathology
Ad Hoc Committee on Admission/Discharge Criteria in Speech-Language Pathology (*ASHA,* 2004)

About this Document

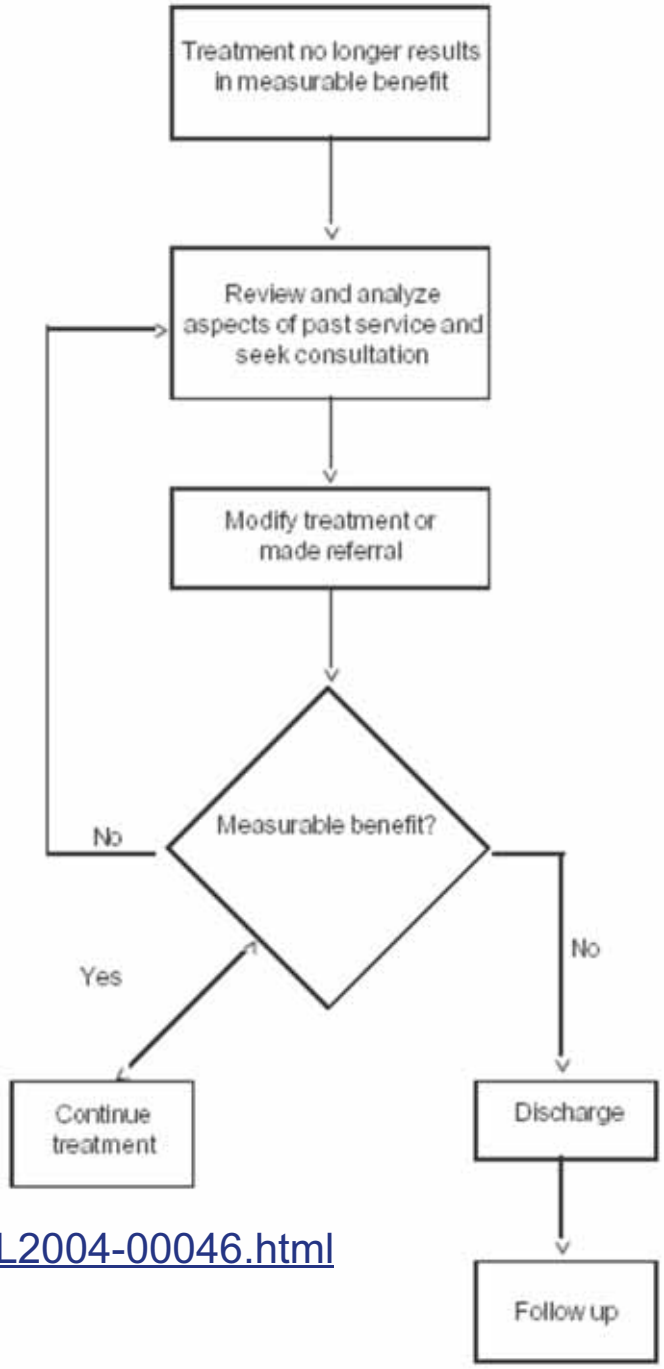
This guideline document is an official statement of the American Speech-Language-Hearing Association (ASHA). The ASHA Scope of Practice states that the practice of speech-language pathology includes making admission and discharge decisions. The ASHA Preferred Practice Patterns are statements that define universally applicable characteristics of speech-language pathology practice. The guidelines within this document fulfill the need for more specific procedures and protocols for serving individuals with speech, language, communication, or feeding and swallowing disorders across all settings. It is required that individuals who practice independently in this area hold the Certificate of Clinical Competence in Speech-Language Pathology and abide by the ASHA Code of Ethics, including Principle of Ethics II Rule B, which states: "Individuals shall engage in only those aspects of the professions that are within the scope of their competence, considering their level of education, training, and experience."

Admission and discharge criteria originally were prepared by the Ad Hoc Committee on Admission/Discharge Criteria in Speech-Language Pathology . . . .In **2002, with input from the National Joint Committee for the Communication Needs of Persons With Severe Disabilities (NJC) and Tables**

Discharge Flow Chart

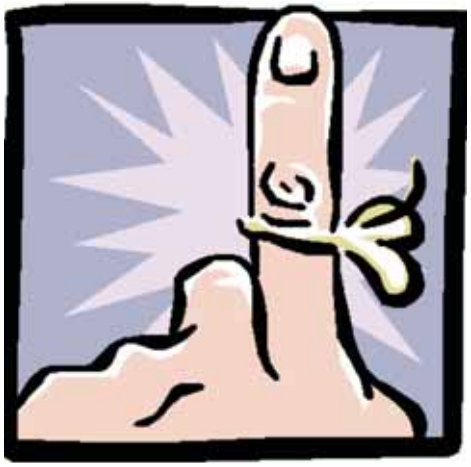
Figure 1

Admission/Discharge Criteria in Speech Language Pathology, ASHA 2004



http://www.asha.org/docs/html/GL2004-00046.html

Remember….



www.asha.org/njc

- Submit your FAQ's
- Nominate a clinical practice for the award

- Conference: June 2011
- Facebook (National Joint Committee)
- Leave your contact information with us if you want to be added to a virtual mailing list (other than or in addition to facebook)

njc