Accessing Alternative Augmentative Communication (ACC) through Medicaid and EPSDT

What is Alternative Augmentative Communication (ACC)?
Augmentative and alternative communication (AAC) includes all forms of communication (other than oral speech) that are used to express thoughts, needs, wants, and ideas. People with severe speech or language problems rely on AAC to supplement existing speech or replace speech that is not functional. Special augmentative aids, such as picture and symbol communication boards and electronic devices, are available to help people express themselves. This may increase social interaction, school performance, and feelings of self-worth. AAC users should not stop using speech if they are able to do so. The AAC aids and devices are used to enhance their communication.

What are the different types of ACC?
There are many types of AAC available. AAC systems generally fall into two categories: unaided and aided. The best AAC system for an individual may include both aided and unaided systems to accommodate a variety of situations.

Unaided communication systems do not provide voice output or electronic hardware. Someone must be present for unaided systems to work (they cannot be used on a phone or from room to room).

Aided communication systems are electronic devices that may or may not provide some type of voice output. Devices that provide voice output are called speech generating devices. These devices can display letters, words, and phrases, or a variety of symbols, to allow the user to construct messages.

The device may take any of several forms:
- A manual device that uses orthographic or picture symbols
- A device that produces digitized speech output, using pre-recorded messages (these are typically classified by how much recording time they offer)
A device that produces synthesized speech output, with messages formulated either by direct selection techniques or by any of multiple methods

**What is EPSDT?**
EPSDT is Early and Periodic Screening, Diagnosis and Treatment. It is a federal Medicaid requirement that requires the state Medicaid agency to cover services, products, or procedures for Medicaid recipients under 21 years of age if the service is medically necessary health care to correct or ameliorate a defect, physical or mental illness, or a condition [health problem] identified through a screening examination (including any evaluation by a physician or other licensed clinician). People under the age of 21 who are receiving medical benefits may receive health and dental screenings and follow-up treatment for certain conditions. Providers include physicians, health departments, schools and some local health clinics. These exams are available on a periodic schedule based on the ages of the individual.

**Who is entitled to ACC under DME/EPSDT?**
AAC devices are covered under DME when they meet the following conditions:
- the device is determined to be medically necessary;
- the device is a dedicated communication device;
- it is used solely by the recipient; and
- the recipient has a long-term severe communication impairment.

**Note:** A dedicated device is defined as a device that will be used only for communication purposes.

EPSDT covers most of the medical or remedial care a child needs to improve or maintain his/her health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems. Medically necessary services will be provided in the most economic mode, as long as the treatment made available is similarly effective to the service requested by the recipient’s physician, therapist, or other licensed practitioner; the determination process does not delay the delivery of the needed service; and the determination does not limit the recipient’s right to a free choice of providers.

Durable Medical Equipment (DME) covers the equipment and related supplies listed on the Durable Medical Equipment Fee Schedule and the Orthotic and Prosthetic Devices Fee Schedule when the item is medically necessary and appropriate for use in a recipient’s home—either a private residence or an adult care home—where the recipient resides. An item is medically necessary if it is needed to maintain or improve a recipient’s medical, physical, or functional level within the recipient’s home. This medical need must be verified by the recipient’s physician, physician assistant, or nurse practitioner.

The fee schedules can be found at: [http://www.cms.hhs.gov/DMEPOSFeeSched/LSDMEPOSFEE/List.asp](http://www.cms.hhs.gov/DMEPOSFeeSched/LSDMEPOSFEE/List.asp).
**Requesting AAC devices/services:**
Medicaid is now covering AAC devices for children and adults under DME (Clinical Coverage Policy in 5A) in the regular Medicaid program. Information specific to AAC can be found in Section 5.3.23 Augmentative and Alternative Communication Devices. The link to Section 5 is: [http://www.dhhs.state.nc.us/dma/dme/dmepdf.pdf](http://www.dhhs.state.nc.us/dma/dme/dmepdf.pdf).

The purchase is subtracted from the CAP waiver budget if the person is on one of the CAP waivers. For adults, if the item is not listed as one of the codes on the DME fee schedule, then regular Medicaid does not cover it but the CAP-MR/DD waiver may cover it if it is on the waiver.

Schools are required by law to provide appropriate assistive technology services. This can include augmentative devices, printers and computers that are necessary for your child to actively participate in class and to complete homework assignments. If your child’s school does not have qualified service providers on staff to perform an evaluation, an outside evaluation should be conducted at the school’s expense. The requirement for an AAC evaluation and the needed intervention services to facilitate the development of effective communication skills must be written into your child’s Individual Education Plan (IEP). Schools are required by law to provide assistive technology equipment. The requirement for AAC equipment, repair and periodic replacement may be put in an IEP. Also if the parent disagrees with the evaluation obtained by the District, the parent has the right to an independent AT evaluation. Many local education agencies (LEAs) have resources for providing in-house assistive technology evaluations.

**Still need more information?**
All other limitations and requirements of prior approval and medical necessity are outlined on the below linked website. Section 5.3.23, Augmentative and Alternative Communication Devices, provide all necessary information on requesting, renting, and replacing AAC devices. [http://www.dhhs.state.nc.us/dma/dme/dmepdf.pdf](http://www.dhhs.state.nc.us/dma/dme/dmepdf.pdf).

You can also contact Disability Rights North Carolina (DRNC) to request and receive our Parents Together Advocating For Our Children manual for additional information at 877-235-4210 or 919-856-2195, and via the web at: [www.disabilityrightsnc.org](http://www.disabilityrightsnc.org).

This document contains general information for educational purposes and should not be construed as legal advice. It is not intended to be a comprehensive statement of the law and may not reflect recent legal developments. If you have specific questions concerning any matter contained in this document or need legal advice, we encourage you to consult with an attorney. Created in 2008 by Disability Rights NC.