

Texas Health and Human Services Commission (HHSC) Policy and Procedures for Authorization of an ACD System for an ICF/IID Resident – Statement of Benefits

1. An augmentative communication device (ACD) system allows a resident with an expressive speech-language disorder electronically to represent vocabulary and express thoughts or ideas to meet the resident's functional speech needs.
2. The term “ACD system” refers to the ACD and all medically necessary components and accessories.
3. An ACD system is a benefit of the Intermediate Care Facilities for Individuals with an Intellectual Disability or Related Conditions (ICF/IID) program when the following criteria are met:
 - The resident is eligible for and receiving Medicaid services from an HHSC licensed ICF/IID provider (the resident is a participant in the ICF/IID program);
 - Requirements listed in this policy and on Form 8728, ICF/IID Augmentative Communication Device (ACD) System Authorization, for the requested ACD equipment are met;
 - The resident’s physician has provided a signed statement attesting the requested ACD system is medically necessary;
 - The requested ACD system is safe for use by the resident in the ICF/IID facility;
 - Documentation submitted with the request supports the determination of medically necessary based on the criteria listed in this policy and Form 8728; and
 - The ACD system is prior authorized (**must not** be purchased or delivered to the resident before approval by HHSC).
4. A digitized speech device, sometimes referred to as a “whole message” speech output device, uses words or phrases that have been recorded by someone other than the ACD system user for playback upon command of the ACD system user.
5. A synthesized speech device may require the user to make physical contact with a keyboard, touch screen or other display and translates a user's input into device-generated speech using algorithms representing linguistic rules. Users of synthesized speech ACD systems are not limited to prerecorded messages, but can independently create messages as communication needs change. Synthesized speech devices may allow for multiple methods of message formulation and multiple methods of device access.
 - Some synthesized speech devices require the user to make physical contact with a keyboard, touch screen or other display containing letters. Other synthesized devices allow for multiple methods of message formulation and multiple methods of device access.

- Multiple methods of message formulation include message selection by two or more of the following:
 - Letters
 - Words
 - Pictures
 - Symbols
 - Multiple methods of access must include the capability to access the device by direct physical contact with a keyboard or touch screen and one or more of the following indirect selection techniques:
 - Joystick/switches
 - Head mouse
 - Optical head pointer
 - Light pointer
 - Infrared pointer
 - Scanning device
 - Morse code
6. Items included in the ACD system include, but are not limited to:
- ACD
 - Basic, essential software for the ACD (except software purchased specifically to enable a resident-owned computer or personal digital assistant (PDA) to function as an ACD system)
 - Batteries
 - Battery charger
 - Power supplies
 - Interface cables
 - Interconnects
 - Sensors
 - Moisture guard
 - Alternating current (A/C) adapters and/or other adapters
 - Adequate memory to allow for system expansion within a five-year time frame
 - Access device, when necessary
 - Mounting device, when necessary
 - All basic operational training necessary to instruct the resident and family/caregiver(s) in the use of the ACD system
 - Manufacturer's warranty

ACD System Accessories

1. ACD system accessories are a benefit through HHSC if the criteria for the ACD system prior authorization are met and the medical necessity for each accessory is clearly documented in the written evaluation by the licensed speech therapist (that is, speech-language pathologist, as defined by Texas Occupations Code, Title 3, Subtitle G, Section 401.001).
2. All accessories necessary for proper use and potential growth/expansion of an ACD system, such as a memory card, should be included in the initial request for prior authorization. The following accessories for an ACD system may be considered:
 - Access devices for an ACD system include, but are not limited to, devices that enable the selection of letters, words or symbols via direct or indirect selection techniques (for example, optical head pointers, joysticks and ACD scanning devices);

- Gross motor access devices, such as switches and buttons may be considered for residents with poor fine motor skills and head control; and
 - Fine motor and head control access devices, such as laser or infrared pointers may be considered for residents with poor hand control and good head control.
3. Mounting systems are devices necessary to place the ACD system, switches and other access devices within the reach of the resident are benefits. Mounting devices may be considered to attach an ACD system or access device to a wheelchair or table.
 4. Computer software that enables a resident-owned personal laptop, desktop computer or PDA to function as an ACD may be covered as an ACD system.

General Documentation Requirements

1. Prior authorization is **required** for ACD systems provided by HHSC. All related accessories and supplies also require prior authorization and must be included in the request for the ACD system. If prior authorization is **not** obtained before the purchase of the ACD system, the ICR/IID provider will be financially responsible for the cost of the ACD system. HHSC **will not reimburse** a provider for any ACD system or accessory that does **not** receive prior authorization.
2. Prior authorization is considered for an ACD system when an ICF/IID provider submits to HHSC a completed Form 8728, including any additional information required by the form instructions and Attachment 1.
3. Form 8728 **must** be completed and submitted to HHSC prior to purchase of the ACD system.
4. A completed Form 8728 includes:
 - All necessary provider and resident information;
 - An assessment/evaluation with recommendations completed by a licensed speech therapist;
 - A medical diagnosis and how it relates to the resident's communication needs and diagnosis/condition causing the impairment of speech, as well as any other medical diagnoses/conditions that include the resident's overall physical and cognitive limitations;
 - Any significant medical information pertinent to ACD system use;
 - Limitations of the resident's current communication abilities, system or devices;
 - A statement as to why the prescribed ACD system is the most effective, including a comparison of benefits versus other alternatives;
 - A complete description of the ACD system with all accessories, components, mounting devices and/or modifications necessary for resident use (must include the manufacturer's name, model number and retail price);
 - Documentation that the resident is mentally, emotionally and physically capable of operating the device;

- An attestation by the resident's physician that the recommended ACD system and accessories are medically necessary and appropriate for that resident's communication needs;
 - Documentation showing the information provided supports a medical necessity of the equipment and/or supplies requested;
 - A description with specifications for the requested ACD system, including any recommended accessories, components, mounting devices and/or modifications necessary for the proper use of the ACD system by the resident (must include the manufacturer's name, model name, model number, retail price and proof of the manufacturer's suggested retail price);
 - All necessary therapies and/or training needed for proper use of the ACD system;
 - All signatures that are dated, current, unaltered, original and handwritten (computerized or stamped signatures will not be accepted); and
 - Two supplier bids for the recommended ACD system and accessories **or** a request for an exception to the two-bid minimum if the recommended ACD system is available through only one vendor.
5. The speech therapist, supplier and resident's physician must complete, sign and date Form 8728 prior to submission to HHSC. The resident's physician **must** sign the form.
 6. To avoid unnecessary denials, correct and complete information must be provided on Form 8728. The requesting provider may be asked for additional information by HHSC to clarify or complete a request for the ACD system.
 7. The original signature copy of the completed Form 8728 must be maintained by the requesting ICF/IID provider and kept in the resident's medical record.
 8. Items and/or services addressed in this policy are reimbursed by HHSC for an ACD system at the supplier's final billed charges or the amount that is authorized prior to purchase of the ACD system, whichever is less.
 9. The ICF/IID provider must maintain copies in the resident's medical record of the delivery slip, vouchers and other supporting documentation related to the purchase, repair, adjustments and maintenance of the ACD system.
 10. Form requests cannot be accepted beyond 90 days from the date of the physician's signature.

Speech Therapist Assessment/Evaluation with Recommendations

1. Documentation of medical necessity for an ACD system includes a formal, written assessment/evaluation with recommendations, performed by a speech therapist.
2. The speech therapist assessment/evaluation required for prior authorizations is on Form 8728 and **must** be completed when requesting approval of an ACD system.

3. For non-ambulatory residents, it is recommended that the preliminary evaluation/assessment for an ACD system include the involvement of an occupational therapist and/or physical therapist to address the resident's seating/postural needs and the motor skills required to use the ACD system.
4. The speech therapist assessment/evaluation includes the following information, as well as any additional information specified on Form 8728 or the instructions:
 - The specifications for the ACD system, all component accessories necessary for the proper use of the ACD system, and all necessary therapies and/or training;
 - Medical status/condition and medical diagnoses underlying the resident's expressive speech-language disorder that gives justification for the need for an ACD system;
 - Current expressive speech-language disorder, including the type, severity, anticipated course of the disorder and present language skills;
 - A description of the practical limitations of the resident's current aided and unaided modes of communication;
 - Other forms of therapy/intervention that have been considered and ruled out;
 - The rationale for the recommended ACD system and each accessory, including a statement as to why the recommended device is the most appropriate, least costly alternative for the resident and how the recommended system will benefit the resident;
 - A statement regarding the ACD system's ability to meet the projected communication needs and growth potential, and how long it will meet the resident's needs;
 - A description of any alternative ACD systems considered with a comparison of capabilities;
 - Documentation that the resident possesses the cognitive, emotional and physical capacity to use the recommended system;
 - Documentation of the resident's motivation to communicate;
 - A comprehensive description of the resident's residential, vocational and educational setting and how the ACD system will be implemented and integrated into these environments;
 - A training plan for the resident, family, staff, etc., on the use of the ACD system.
 - A treatment plan that includes training in the basic operation of the recommended ACD system necessary to ensure optimal use by the resident and, if appropriate, the resident's caregiver;
 - A therapy schedule for the resident to gain proficiency in using the ACD system;
 - A description of the resident's speech-language goals and how the recommended ACD system will assist the resident in achieving these goals;

- A description of the anticipated changes, modifications or upgrades of the ACD system necessary to meet the resident's short- and long-term speech-language needs;
 - Identification of the assistance/support needed by, and available to, the resident to use and maintain the ACD system;
 - A statement that the speech therapist is financially independent of the ACD system manufacturer/vendor.
5. The speech therapist evaluation must be signed and dated prior to the date of the physician's signature on the physician's attestation section of Form 8728.

Items Not Covered for an ACD System or Accessories

1. Items that are not related to the ACD system or software components and that are not necessary to operate the system are not a benefit of Texas Medicaid.
2. Non-covered items include, but are not limited to:
 - Laptops or desktop computers, personal digital assistants (PDAs), cell phones or other devices that are not dedicated ACD systems;
 - Carrying cases for non-ambulatory residents;
 - Printers;
 - Voice prosthetics or artificial larynx; and
 - Wireless internet access devices.
3. Carrying cases may **only** be considered for prior authorization for ambulatory residents with supporting documentation of medical necessity.

Mounting Devices

1. A request for prior authorization of a mounting device for a wheelchair must include the make, model and purchase date of the wheelchair.
2. One additional mounting device, separate from the one included in the system, may be considered for prior authorization for the same resident.

Purchase of ACD System

Approval Process

1. The ICF/IID provider submits Form 8728 to DADS by:
 - faxing to:
512-438-2180, Attn.: Institutional Services – ACD Submissions; or
 - mailing to:
Institutional Services – ACD Submissions

Mail Code W-535
P.O. Box 149030
Austin, TX 787414-9030.

2. HHSC staff review Form 8728 within **five** business days and notify the resident, the resident's legally authorized representative (LAR) and the ICF/IID provider of the authorization request status.
3. Once the ACD system request is reviewed, it may have any of the following results:
 - **approved** – approval letter is sent to the resident, LAR and ICF/IID provider;
 - **pending approval** – authorization request is pended for 21 calendar days from the original review date;
 - **denied request** – denial letter is sent to the resident, LAR and ICF/IID provider. Appeal rights are given to the resident or LAR;
 - **partial approval and partial denial** – letter is sent to the resident, LAR and ICF/IID provider. Appeal rights notification is given to the resident or LAR;
 - **authorization request remands** – HHSC may send a remand letter to the ICF/IID provider for any of the following reasons:
 - incorrect, missing or illegible information;
 - resident is not Medicaid eligible; or
 - resident is not residing with the ICF/IID provider indicated on the authorization request.
4. If a remand letter is sent to the ICF/IID provider and the ICF/IID provider resubmits the request to HHSC, the five-day review period starts over.

Purchasing Process

1. The provider receives a mailed decision letter from HHSC, notifying the provider the requested ACD system is approved for purchase. The HHSC approval letter alone is not a guarantee of payment. The ICF/IID provider must also access Medicaid Eligibility Services Authorization and Verification (MESAV) to verify the amount authorized by HHSC prior to ordering the ACD system.
2. The ACD supplier does not get a copy of the decision letter for approval (or denial) of the ACD system from HHSC. The ICF/IID provider **must** give a copy of any decision letters to the supplier so that the supplier is aware of the specific decision made by HHSC.
3. After the provider has received a decision letter approving the request for the ACD system from HHSC (also known as a "prior approval" letter), has verified the approval by accessing MESAV and has given a copy of the ACD approval letter to the ACD supplier, the provider must then order the ACD system from the supplier.
4. Once the ACD system is delivered and purchased, it becomes the sole property of the resident.

Reimbursement

1. After delivery of the ACD system to the resident, the ICF/IID provider should bill HHSC for payment using the ICF/IID provider's normal billing procedures.
2. Benefits are only payable if the resident is residing with the ICF/IID provider and is eligible for Medicaid at the time of service delivery (when the ACD system was delivered to the resident), and the claim for services is received within the filing deadline.
3. The ICF/IID provider will be reimbursed by HHSC for an ACD system at the supplier's final billed charges or the amount that is authorized prior to purchase of the ACD system, whichever is less. HHSC will only reimburse a **maximum** of the amount that is authorized by HHSC on MESAV.
4. The provider may bill only after the ACD system has been received by the resident and the provider has acknowledged that the ACD system delivered meets the specifications by the speech therapist on Form 8728.
5. The ACD system will be the personal property of the resident. Only the authorized resident may use the ACD system and the program provider must identify the ACD system as the personal property of the resident.
6. Upon leaving the ICF/IID provider, the resident must retain the ACD system. If the resident dies, the ACD system must be transferred to the resident's estate. If the ACD system is donated or sold to the program provider by the resident or the resident's estate, the program provider must document the transaction.

Non-Warranty Repair of the ACD System

The program provider is responsible for repairing and maintaining the ACD system while the resident resides in the facility.

Replacement of the ACD System

1. Purchased ACD systems and accessories are expected to last a minimum of five years.
2. Prior authorization for replacement may be considered when:
 - there has been a significant change in the resident's condition such that the current ACD system no longer meets the resident's communication needs;
 - the ACD system is no longer functional and cannot be repaired or it is not cost effective to repair;
 - the ACD system is lost or irreparable damage has occurred (a copy of a police or fire report, when appropriate) and the measures to be taken to prevent reoccurrence must be submitted; and
 - five years have passed and/or the equipment is no longer repairable.
3. In situations where the ACD system or accessories have been abused or neglected by the resident, the resident's family or provider staff, the provider will be notified that HHSC may be

monitoring the resident's services and environment to evaluate the safety of the environment for both the resident and ACD system/accessories.

4. An ACD system that has been replaced **once** in less than five years due to abuse or neglect by the resident, resident's family or provider staff **may be denied** for a **second** replacement (if requested within five years from the first replacement date), when the request for the second replacement is due to similar abuse or neglect to the ACD system/accessories.

ACD System Software

1. Requests for ACD system software (such as for a computer, PDA, etc.) may be considered for prior authorization if the software is more cost-effective than an ACD system.
2. If an ACD system is more cost-effective than adapting a resident-owned laptop, PC or PDA, an ACD system will be considered for prior authorization instead of the ACD system software.

Delivery Confirmation of ACD System

1. Form 8729, ICF/IID ACD Delivery and Completion of Purchase Confirmation, **must be completely filled out** when the ACD system is delivered to the resident, before the ICF/IID provider may bill HHSC for the delivery of the ACD system and reimbursement can be made to the supplier.
2. Form 8729 must be maintained by the ICF/IID provider in the resident's medical record.
3. If the ACD system being delivered to the resident cannot be confirmed as meeting the specifications described by the speech therapist on Form 8728, the ICF/IID provider must refuse delivery of the ACD system until such a time that it can be confirmed the ACD system does meet the specifications. When all specifications are met, complete Form 8729.

Resident Facility Transfers

1. When a resident transfers from one ICF/IID provider to another ICF/IID provider before the ACD system authorization process is complete, the provider that the resident is **transferring from** must:
 - communicate to the new provider that the ACD system authorization process has been initiated;
 - communicate to the new provider at the time the resident transfers what stage the process is in;
 - provide the new provider with all information that has been obtained in the process up to that point, including a copy of the completed/partially completed Form 8728 and any approvals, denials or requests for additional information received from HHSC; and
 - notify the durable medical equipment supplier that the resident has transferred. **Note:** The transferring provider may bill for the completed assessment.
2. The provider that the resident is **transferring to** must start the process over by submitting to HHSC a **new Form 8728** when the existing Form 8728:
 - is not complete or has not been sent into HHSC; and

- has been sent but was denied, or HHSC has requested additional information.
3. When Form 8728 has been **approved** and the resident moves to a new provider before the ACD system can be delivered by the supplier, then the **new** provider that the resident has moved to must follow the process outlined in Form 8728, Section F, ACD System Authorization Transfer Request and Medical Professional Attestation.