Welcome to winter!

Welcome to our winter newsletter. Wow can you believe it is 2020. There have been so many advancements in the area of AAC. I received my first communication device in 2001 and there were maybe two choices. They were both big, expensive speech dedicated devices. Speech generated devices will always play an important role but technology has given way to so many more choices. I have friends that use apps on I pads, tablets and phones as their communication system. The lower cost and availability of these systems mean more people have a voice. Systems are so easy to buy you might want to skip the very important step of having a communication evaluation. The evaluation will identify what features best match your needs and strengths and best way for you to access the device. The therapist will guide you as you learn to communicate. Take the time to start with the evaluation. In this newsletter you will read about another Wisconsin AAC communicator and their AAC journey. I know you will really find Julie Gamradt’s article on MA and prior authorization for devices helpful. Have a great year. Mike Hipple

New Beginnings

I am not really into making New Year’s resolutions but I do like the “reset” January offers. A new year can bring new beginnings. There are so many areas in your life you can have a new start-your profession, health, weight management or financial health. As a parent, educator or therapist you also have the opportunity to give a non-verbal child a new beginning at communicating. Once and done is not best practice for communication evaluations. There could be so many reasons why that first evaluation was not successful and technology is always changing. So we challenge you to give someone a chance at communication new beginning. Enjoy the newsletter.

Sue Hipple

New information about Prior Authorization and Medical Assistance Process for SGD

My name is Julie Gamradt and I am a speech-language pathologist (SLP). I recently retired from the Waisman Center at the University of Wisconsin (UW)-Madison. I was a staff member there for 33 years. I was a therapist and director for the Communication Aids & Systems Clinic (CASC). CASC is a clinic at the Waisman Center that specializes in augmentative and alternative communication (AAC).

I spent my first two years of practice as an SLP working in a small school district in northern Minnesota. It was there that I first witnessed the power and importance of AAC in the lives of my students, sparking my life-long passion for AAC.

I am gratefully able to continue to support AAC in our state through my work with the Wisconsin AAC Network. I joined the Wisconsin AAC Network shortly after Mike Hipple started it several years ago. I have been part of the leadership team since that time. Members of our leadership team have the opportunity to share information in our newsletter. In this article I will share information about Wisconsin Medicaid funding and the prior authorization (PA) process for synthesized SGD.
Wisconsin Medicaid (MA) maintains specific approval criteria and prior authorization requirements for synthesized SGD funding. Wisconsin MA released the document entitled “Revised Coverage and Prior Authorization Policy for Synthesized Speech-Generating Devices” in June 2019. You are encouraged to look at the policy and prior authorization requirements found at the following link:


Wisconsin Medicaid sought out and received input from the Wisconsin Speech-Language Pathology & Audiology Association (WSHA) as they updated their policy and requirements. The updated synthesized SGD policy has thus been strengthened by incorporating current best practices into the requirements.

Wisconsin MA requires documentation from a speech-language pathologist (SLP) with their Certificate of Clinical Competence (CCC-SLP) as a part of the SGD prior authorization (PA) process. The SLP does not need to be practicing in a medical setting, such as a clinic. SLPs with their CCC-SLP providing school-based services, for example, are also eligible to submit the required documentation.

MA requires that SGD eligible for funding be “dedicated” for communication. They require that SGD meet the standards for durable medical equipment (DME). Devices offering games or surfing the web, for example, do not meet DME standards. Thus, “off the shelf” devices including iPads and other tablets do not meet DME standards and are not eligible for MA funding. Families can often opt to pay to “unlock” “off the shelf” features after the SGD has been purchased. They must work with the SGD manufacturer to complete the “unlock” process.

The updated policy requires that the SLP confirm that a communicator is appropriate for an SGD evaluation. The SLP must document that the communicator has unmet communication needs and/or is unable to participate in daily situations due to limitations in communication. This approach is consistent with current best practices in AAC. An SLP could use an optional form to document the need for an SGD evaluation by selecting one or more of the following items on the form:

- Member is unable to address communication needs, including those related to health, safety, and communication with all partners, using speech alone.
- Member is unable to effectively communicate to address a range of communicative purposes.
- Member’s current functional speech and/or language status is inadequate for supporting age-appropriate participation in daily situations.
- Member previously benefited from using an SGD, but it is not working or is no longer meeting the member’s needs.

The policy DOES NOT require a communicator to demonstrate specific “prerequisite” skills or to demonstrate specific cognitive or receptive language scores or abilities to be considered for SGD.

The updated synthesized SGD policy includes elements of the “feature matching” approach. This approach requires that the SLP document how the skills and needs of the communicator...
are a “match” for the features of the recommended SGD. The SLP must confirm the “feature match” by documenting improvement in communication skills using the recommended SGD. The revised policy DOES NOT require that all communicators attain a specific, consistent level of communication performance using the SGD to attain funding approval. Even beginning communicators can achieve funding approval for an SGD if improved communication is documented using the recommended device.

The updated MA PA requirements for SGD also provide alternative approval criteria for communicators seeking to replace their SGD or for communicators with acquired disabilities, such as Amyotrophic Lateral Sclerosis (ALS). The alternative PA approval criteria for these populations offers a quicker pathway to achieve PA approval for needed SGD.

Finally, MA’s revised prior authorization policy for synthesized SGD includes enhanced guidance for the SLP related to the content requirements for their documentation. An SLP can choose to use two new optional forms to address the required documentation content for SGD PA:

Prior Authorization/Speech-Generating Device Skills and Needs Profile Attachment

Prior Authorization/Speech Generating Device Purchase Recommendation Attachment

These optional forms are available at the link provided above.

An SLP may not want to use the optional forms. They can instead use a report format of their own choosing to meet the PA content requirements. The SLP can refer to the optional MA forms to determine content requirements to include in their report. Some SLPs may choose to modify their own report templates to include the required PA content for SGD.

Insurance funding for SGD is overall a complicated topic. I am hoping that the highlights of the updated Wisconsin Medicaid requirements and prior authorization process for synthesized SGD provided in this article will be helpful to you. I look forward to sharing more AAC information in future newsletters.

Julie Gamradt, MS, CCC-SLP
Outreach Program Manager Emerita

The Petit’s AAC journey:

It is amazing to look back and see not just how far our family has come in our AAC journey but AAC itself. From low tech to high tech the AAC world has made so many amazing advancements. I saw a quote the other day that could not be more accurate. “For people without disabilities technology makes things easier. For people with disabilities technology makes this possible.” -ibm training manual 1991

I, Hugo’s mom, professionally am an interpreter for the deaf, so natural when our son was struggling to communicate we started teaching him ASL. At first, he really took to it easing some immediate frustrations. Now he could sign eat, more, drink, mom, dad…. However, frustrations quickly set back in because all food became “eat” and all drinks became “drink.” There was also stress when others did not understand what he was trying to tell them. Despite my unique skill set of knowing ASL we had to look into other modes of communication that would be successful for what Hugo needed.
At the young age of three Hugo received his first talker! We were all so excited because he had started using the PECS system and caught on quickly so we were optimistic about transitioning him to a high-tech talker. However, his school at that time, told us that he could not bring the device to class and advised us not to use the high-tech talker until he completed all the steps of learning how to use the PECS system first. Fast forward to today, eight years later, Hugo brings and uses his talker in all environments including school. We have Hugo’s talker not just in his IEP as an accommodation but throughout the whole IEP incorporated in every goal. His talker is not an accessory it is his voice! When we were starting off and attended our very first AAC training we were told not to touch the device with our hands, but to think of it as Hugo’s mouth. Again, fast forward to today, AAC trainings stress MODEL MODEL MODEL! An AAC user can not be expected to proficiently use their talker if no one shows them how to use it or exposes them to where to find a variety of vocabulary. The AAC journey is amazing to me everyone learns as they go and we as a family certainly did.

We continue to attend AAC workshops to keep up with the best practices and technologies available. The AAC world is always advancing and our goal is for our son, Hugo, to advance right along with it. Supplying a child with a robust talker is just one step everyone must be dedicated to modeling, supporting, and using the device. We are so thankful for being involved in the AAC community it takes a village and we learn so much from the other families and AAC users.