



“Creating A Better Tomorrow, Today”™

Medicaid / Insurance Funding Packet

**Our in-house funding team is
standing by to assist you!**

Forbes Rehab Services, Inc.
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Mansfield, Ohio 44905

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Introduction

A variety of funding sources exist for the potential Augmentative Communication user. The key to successful funding procurement is dependent on the Client Advocate's ability to: (1) Coordinate supporting documentation, (2) Utilize appropriate terminology and (3) Understand the legal rights of the client with regards to each potential funding source. The Client Advocate must be persistent and committed to the funding cause. Complete cooperation of all professionals and caregivers is also essential.

It is common to be denied funding on the first try. Consequently, most funding rejections are based on the same three reasons: insufficient evidence the client can use the equipment, terminology does not meet the funding agency's criteria and documentation does not support the overall need for the equipment. With a little care from the beginning, these types of denials can be avoided by familiarizing yourself with the potential funding source(s). This can be achieved through detailed research at your local library.

Be prepared for the funding process to take at least two months and sometimes longer. Remember the end result is an immense fulfillment for the person who is unable to communicate. Take a few minutes to put yourself in the client's shoes. Let the inability to communicate for those few minutes be your inspiration.

POTENTIAL FUNDING SOURCES FOR SPEECH GENERATING DEVICES

The following is a compilation of agencies and resources, which may be helpful in the pursuit of supplemental/alternate funding should you be denied or need an additional funding source for co-payments or non-covered items.

Public Agencies

Medicaid / Medical Assistance
Medicare
Crippled Children's Services
United Cerebral Palsy Association
Easter Seals Society
Association for Retarded Citizens
Department of Vocational Rehabilitation
Schools
Developmental Disabilities Board
Administration on Dev Disabilities
Dept of Health and Human Services
330 Independence Avenue
S.W. Room 5300
Washington, D.C. 20201
Phone 202-245-2890
Muscular Dystrophy Association
Early Periodic Screening, Diagnosis
Treatment Program
The United Way
Multiple Sclerosis/ALS Association

Private Agencies

CHAMPUS (Military dependent's Ins.)
Veteran's Administration
-call 1-800-827-1000 for your local office
The Sunshine Foundation
4010 Levick Street
Philadelphia, PA 19135
-client must be 3 - 21 years
-client must have chronic or terminal illness
-a referral letter must be mailed and include the name, age and diagnosis of client. Letter must also include parent's names, address, and phone number.
Commercial & Private Insurance/HMO's
Non-Profit/Civic Organizations
-These clubs will often match contributions from other groups. Therefore, it is best to ask for less than the full amount.
-Kiwanis
-Elks
-Sertoma Clubs

-Rotary Clubs
-Shriner's
-Variety Clubs
-Lions Club
-Bell Telephone Pioneers of America
-Moose Lodges
-Eastern Star
-Knights of Columbus

Local Community

-Fire and Police Departments
-Chamber of Commerce
-Churches
-Girl/Boy Scouts
-Parent Teachers Association-PTA
-High School/College Guilds

Fundraisers

-Raffles/Auction -Potluck Party
-Garage Sales -Car Wash
-Block Party -Marathon
-Bake Sales -Bike Hike
-Telethons -Fair Booth
-Picnics -Carnival
-Car Show -Walk-a-thon

Other

Labor Unions
Private Corporations & Businesses
Ronald McDonald Foundation
Trust Funds (State and Local)
call local Financial Institutions for more info.
Sports Organizations
Media sponsorship or coverage
Private Individuals
Entertainment groups or celebrities
Make a Wish Foundation

Note:

-Check your phone book for local listings of the above-mentioned resources and agencies.
-Every bit of funding counts. Don't give up!

Standard Terminology

Funding Coordinator - This is the resource person from Forbes Rehab Services, Inc. who provides assistance and guidance throughout the funding process. The Funding Coordinator is responsible for submitting the necessary paperwork to Medicaid/Medical Assistance, Commercial and Private Insurances.

Funding Check List - This FRS, Inc. document is the final check prior to submittal of a funding request. Please make sure all of the Required Documents/Information noted on the Check List are included with the submittal - Please refer to **Page 13** of the FRS, Inc. Medicaid/Insurance Funding Packet.

Funding Questionnaire – This FRS, Inc. document is designed for Forbes Rehab Services, Inc. use only. It organizes all pertinent information in one place for easy referral of assistance. It also acts as an order form to ensure all necessary equipment is requested. The completion of this document is **required** for acceptance of the funding request – Please refer to **Pages 14 – 16**.

Client Advocate – Typically the Client Advocate is a Speech Language Pathologist or Case Manager. This person coordinates all necessary information and documents on the client's behalf and submits the funding request to FRS, Inc. The Client Advocate is in close contact with the Funding Coordinator at Forbes Rehab Services. This person must be organized and above all, dedicated to the pursuit of funding.

Diagnosis - The nature of the client's disability. Examples: Cerebral Palsy, Developmental Delay, Spastic Quadriplegia, Autism, etc. **ICD Codes** – Supporting Codes of Diagnosis.

Speech Generating Device – (SGD) A device, which enables a client to overcome the disabling effects of a communication impairment by representation of vocabulary or ideas and expression of messages.

Durable Medical Equipment (DME) - A categorical term used by various funding sources, which often includes augmentative communication devices. Usually includes but is not limited to: has ability to withstand repeated use; is provided to correct or accommodate a physiological disorder or physical condition; and is suitable for use in the recipient's home.

Medical Necessity - There is no one definition for Medical Necessity. In short, the requested SGD must treat the identified condition of the severe communication disability. Thus, the equipment should be justified in terms of a goal to overcome and or reduce the expressive communication limitation.

Medicaid/Medical Assistance - This is a public benefit program, which is funded by federal and state governments. It provides medical assistance to persons with limited income and persons with disabilities. It is the largest and most important source of funding for Speech Generating Devices. Medicaid policies vary from state to state.

Primary Insurance - First funding source that must be used to secure funding. An Insurance decision must be received prior to Medicaid being a funding source.

Secondary Insurance - Second coverage source when an authorization or claim is denied or only partial funding has been secured from the primary insurance.

Prior Authorization - The process in which the funding source (specifically, Medicaid) reviews the required documentation gathered by the Client Advocate, supporting the need for the requested Speech Generating Device. The Prior Authorization may be approved, denied or deferred for more information. The decision is based on specific regulations set by the funding source. Most funding sources lean towards the medical necessity of the equipment requested, but will vary. Prior Authorization as well as required co-payments **must** be obtained **before** the requested DME can be supplied for the client.

Pre-Determination of Benefits - This is essentially the same process as Prior Authorization. It is specific to Commercial and Private Insurance Companies/HMOs such as Blue Cross/Blue Shield, Aetna, Anthem, etc. Some insurance companies will not do a pre-determination of benefits and will request a Claim be filed, therefore, FRS, Inc. would require pre-payment of the requested SGD/DME prior to ordering of the equipment.

Claim - This is the billing process regulated by Forbes Rehab Services, Inc. Claims are submitted by FRS, Inc. to Medicaid, Commercial and Private Insurance Companies, HMOs, and CHAMPUS upon the equipment being supplied to the client.

Appeal - This is the process, which occurs if the funding source denies a request for Prior Authorization/Pre-Determination. An appeal can also transpire from a denied claim. The Client Advocate is responsible for initiating the appeal process. In most appeals, clarifying documentation is the key to success. There is usually a time limit in which an appeal can be filed. Multiple appeals may be filed for one client and legal action against the funding source is often necessary for success. Many cases are funded as a result of using the appeal process.

The Funding Process with Forbes Rehab Services, Inc.

1. The Client Advocate contacts FRS, Inc. for specific SGD information (quotation), contacts FRS, Inc. to request an on-site demonstration for their client, or has received information from a Sales Rep as a result of an inquiry or client on-site demonstration.
2. The Client Advocate collects all required documentation and submits by **mail** to FRS, Inc. along with the **required completed FRS, Inc. Funding Questionnaire (Pages 14 – 16)**. Be sure to include a cover letter, which specifies any special requests.
3. FRS, Inc. receives the documentation (also known as the funding request) and reviews all information to ensure the required items are present. FRS, Inc. will contact the Client Advocate if any items are missing or inappropriate for the Prior Authorization submittal.
4. FRS, Inc. prepares a price quote for the requested equipment (if one was not previously requested/provided) and completes the necessary forms to submit for a Prior Authorization or Pre-Determination of benefits. If there is more than one funding source, FRS, Inc. will simultaneously contact all sources to reduce the waiting period (if possible). FRS, Inc. always verifies other funding, such as private insurance, when dealing with Medicaid/Medical Assistance, as law requires it. **Revealing all possible funding sources to FRS, Inc. will eliminate unwanted delays.**
5. The funding source receives and reviews the request for funding and communicates their decision via mail. A decision can take up to two months or more depending on the funding source. Be patient as there is usually nothing we can do to accelerate this process. Four things can happen at this state: approval, denial, request for further documentation, or request for a rental period if proof of ability to use the equipment has not been met.
6. FRS, Inc. notifies the Client Advocate of the decision. At this time it may be necessary to secure a co-payment and additional Insurance Claim information. In some cases, the client, physician or Client Advocate are notified of the decision rather than FRS. In these cases, it will be necessary for the Client Advocate to contact FRS, Inc. when the decision is obtained.

* If the request is approved, FRS, Inc. once again verifies any funding sources primary to the approving funding source. If additional sources are not available, the request becomes an order. However, Commercial and Private Insurances/HMOs and CHAMPUS are a bit more complicated. On the date of shipping, FRS, Inc. will call the approving funding source and verify eligibility as required. If for some reason the client is not eligible, the equipment is not shipped. Should this occur, FRS, Inc. will notify the Client Advocate and proceed as required.

*If the request is returned for further documentation, FRS, Inc. will contact the Client Advocate for any further information needed and will then resubmit upon receipt of the requested information.

7. Once the authorized equipment is shipped for the client, FRS, Inc. files a claim with the approving funding source for payment.

The Physician's Prescription and Written Orders

It is necessary for a Physician to prescribe the Exact SGD and accessories based on the team evaluation led by the speech therapist to receive funding. The Physician may do this in **one** of three ways:

- (1) An actual prescription on a prescription pad which includes his/her Medicaid Provider Number (**required** for Medicaid submittals)
- (2) A letter prescribing, recommending and stating the medical necessity of the equipment
- (3) Completion of a **Certificate of Medical Necessity/Prescription** form as follows on **Page 8** – **Please copy this form as needed and note that this is the most preferred method**
-The SLP & Physician need to complete this form as indicated.

**** Please note that starting July 1, 2006 a documented face to face visit with the physician is required as part of the Ohio Medicaid funding packet.**

Excerpt from OAC rule 5101:3-10-05 As Shown Below:

5101:3-10-05 (A)(2)(a,b)

- (2) Except as provided in this paragraph, prescriptions for durable medical equipment (DME) and medical supplies must originate as a result of a face to face examination between the prescriber and the consumer. A separate examination for each subsequent DME item prescribed is not necessary if:
 - (a) The prescriber has reviewed the medical record generated from a face to face examination that was conducted within the previous twelve months by the prescriber, and the DME item or items are related to the diagnoses that were established in that face to face examination; or
 - (b) The prescription is written based on the judgment of a prescriber who has reviewed the consumer's medical records from a face to face examination conducted within the previous twelve months by a different prescriber, and the item or items are related to the diagnoses that were established in that face to face examination.

Certificate of Medical Necessity/Prescription

Name: _____ DOB: _____ Today's Date _____
Address: _____ Medicaid and/or Insurance Billing #: _____

Patient Status: To be completed by prescribing physician

Medical Diagnosis or known Medical Problems: _____

ICD Code(s): _____

Significant Medical Information: _____

Medications: _____

Medical Prognosis: _____

I certify that the above named patient requires the use of the Speech Generating Device and related components listed below. My prescription is based on the evaluation of the patient's physical, language and communication abilities and needs made by a team lead by a licensed speech-language pathologist, and the result of a face to face physical examination and evaluation by this physician within the prior twelve month period of this prescription which established the need for the prescribed speech generating device.

_____ Physician's Signature	_____ Physician's Phone
_____ Print - Physician's Name	_____ Physician's Fax Number
_____ Physician's Medicaid Provider Number	_____ National Provider Identifier (NPI)

Device and related components: To be completed by the evaluating Speech-Language Pathologist

Equipment to be: ___Purchased ___Rented ___Repaired ___Updated

Item	Description	Vendor

_____ Print – Speech Language Pathologist Name	/	_____ SLP Phone	_____ SLP Fax
_____ Signature of SLP		_____ Speech-Language Pathologist License Number	

Components of a Comprehensive Speech Evaluation

The following is an outline of the basic components of a comprehensive speech evaluation. Please note, not all of the listed components will apply to every client. In some cases, two separate evaluations may occur; a speech-language evaluation and an augmentative communication evaluation. This outline combines the components of both.

- A. Experience of the evaluating Speech-Language Pathologist (and other team members) with Speech Generating Devices submitted in letter, resume, or vitae. Including
 - 1. Relevant training
 - 2. Professional Education
 - 3. Number of years experience with assistive technology

- B. Pertinent Background Information
 - 1. Name & billing number
 - 2. Medical diagnosis and prognosis
 - 3. Significant medical information/medications, vision and hearing
 - 4. Vocational/educational status
 - 5. Residential setting
 - 6. Social history and emotional status as it relates to communication

- C. Communication Status and Limitations
 - 1. Description of communication behaviors and interaction abilities
 - 2. Description of current communication system
 - 3. Limitations of current communication capabilities – state why current communication behaviors prevent client from communicating basic needs.
 - 4. Emotional status as it relates to communication

- D. Speech and Language Status
 - 1. Prognosis for speech
 - 2. Language skills
 - a. Comprehension
 - b. Expression
 - c. Linguistic skills
 - 3. Prognosis for written communication

- E. Candidacy for a Communication System
 - 1. Statement of candidacy for an speech generating system.

- F. Cognitive Status
 - 1. Developmental
 - 2. Intellectual age or range

- G. Communication Needs Assessment
 - 1. Communication partners
 - 2. Conversational and written communication needs
 - 3. Communication environments
 - 4. Output peripherals (e.g. printers)
 - 5. Placement of communication system in relation to client's position and mobility status
 - 6. Integration with other technology (as applicable)

7. Vocabulary
 8. Message needs (medical or independence focus)
- H. Postural and Mobility Status (by a licensed Occupational Therapist)
1. Statement of mobility status
 2. Information regarding optimal positioning
 3. Integration of mobility with communication system
 4. Convenience (i.e. a dedicated device integrates speaker/speech output reducing need to mount various components, reduces potential for equipment loss)
- I. Sensory Status
1. Visual ability in relation to communication device
 2. Auditory abilities in relation to communication device
- J. Access Capability
1. Describe optimal access technique(s)
 2. Describe selection method (touch, scanning, joystick, etc...)
- K. Communication System's Suitability
1. Vocabulary capability/amount and expandability
 2. Symbol system
 - a. Client's ability to use various symbol forms
 - b. Describe optimal symbol form
 3. Output modes (e.g. speech, text, etc.)
 4. Intelligibility of output modes
 5. Rate of message production
 6. Correctability of messages
 7. Independence in producing messages
 8. Device construction and adaptability
 9. Portability
 10. Integration with other technology
 11. Access and selection techniques
 12. Future expansion capabilities
 13. Language expansion and rate enhancement techniques
 - a. Simple symbol selection
 - b. Dynamic linking
 - c. Word prediction
 - d. Saving capabilities
 - e. Abbreviation - expansion (e.g. semantic encoding)
 - f. Word lists
- L. Describe/Compare all communication systems considered for client and why they were considered inappropriate based on the parameters above.
- M. Ability to learn and use communication system under consideration
1. Trial of system and components
 2. Trial with primary communication partners
 3. Comparison of client's ability to use system(s)

- N. Communication system prescribed and justification
1. Description/Listing of SGD and equipment prescribed
 - Pricing is not needed within the report, however if you would like a quotation, please call us toll-free for assistance @ 1-888-884-2190.
 2. Indication of purchase with statement of justification
 3. Statement as to why this system is the most cost effective
 4. Benefits to user over other possible systems
 5. Ability to meet projected communication needs
 6. Statement as to how this system will provide the necessary rehabilitative, prosthetic and preventative goals of communication.
- O. Treatment plan and follow-up
1. Development of a treatment plan:
 - a. Short and long-term communication goals
 - b. Persons responsible for training
 - c. Projected changes in the system
 - d. Initial training and basic use of communication system
 - e. Implementation and integration into environments
 - f. Necessary construction or modification of system to suit user.

Key Points to Remember When Requesting Funding

The terminology used to request funding varies for each funding source. Check the funding source's polity/criteria before writing your justification.

Examples:	Speech Generating Device (SGD)	Voice Prosthesis
	Communication Prosthesis	Medically Necessary
	Reasonable and Necessary	

If the client can use **sign language**, be selective in your wording. Some funding sources will take any mention of sign language as a reason to deny. If the client knows some sign language, but is only understood by familiar persons, clarify this. Most of our users have poor and limited motor function and therefore do not actually “know” sign language.

If the client has used the device or is currently using the device, be sure to document the length of use. The client's ability to use the device and behavior changes when using the device should also be documented. Trial periods should be well planned for optimal information gathering.

It is necessary to justify all equipment including accessories. Many times accessories are denied due to lack of justification.

Often a letter from a primary caregiver sighting a time when a **medical need** was **not met** due to the inability of the client to communicate can be helpful.

In some cases it may be helpful to justify the **cost effectiveness** of the equipment. Be careful not to cross the line of Educational Need vs. Medical Need. This can be tricky.

To increase your chances for funding approval, **all** documentation should be dated within the last six months.

Letters should be addressed “**To Whom It May Concern**”, unless otherwise requested.

Review the FRS, Inc. Funding Checklist (Page 13) and make sure to **Complete the entire FRS, Inc. Funding Questionnaire! (Pages 14 –16)**. All information is needed and utilized by your Funding Coordinator. Any missing information will result in a processing delay. These delays can be lengthy.

FORBES REHAB SERVICES, INC.

FUNDING CHECK LIST

The Funding Check List is a way to verify that all necessary information required to submit for funding to Medicaid/Medical Assistance, Private Insurance, CHAMPUS/Military Insurance is included within the Funding Request Package. **All requested documents are necessary and missing information will result in processing delays.** The funding sources mentioned above have strict guidelines, which must be followed. FRS, Inc. is simply reinforcing those guidelines to reduce processing delays. FRS, Inc. is required to keep a copy of all documentation on file for possible audits. However, a copy should be kept by both the Client Advocate and Client Contact. The Client Advocate and/or Client Contact will receive notification from FRS, Inc. regarding the status of the funding request. Many thanks from the funding staff at FRS, Inc. for your cooperation and patience.

Required Documents / Information

(Please “check off” all enclosed documentation/information and attach to the Funding Package.)

- FRS, Inc. Funding Questionnaire (3 completed pages numbered 14 through 16)
- FRS, Inc. Release of Information Form (completed page numbered 17)
- Clear and current copies of the client’s applicable funding source ID Cards (Medicaid/MA, Private Insurance, CHAMPUS/MI)
- Physician’s Prescription -Should specify “EXACT” Equipment- See Page 7
- Speech/Language Evaluation(s) -Refer to Pages 9 through 12 of FRS, Inc. Medicaid/Insurance Funding Packet
- Augmentative Communication Evaluation(s)
(Can be part of a Speech/Language Evaluation)
- Speech Pathologist Statement of Experience with ACD Devices – Refer to 9A
(Can be part of Speech/Language Evaluation)
- Letter(s) of Medical Necessity/Support (We recommend a minimum of two)
(From: Speech, Occupational and/or Physical Therapist(s), Nurse(s), Physician(s), Psychologist(s), Psychiatrist(s), Teacher(s), Case Worker(s) and other Caregiver(s).
- P.T. Assessment/O.T. Assessment or statement by SLP why it is not needed.
(Can be part of Speech/Language Evaluation)

Additional Documentation / Information (when applicable)

- Letter(s) of denial from Funding Sources already contacted for coverage of the equipment being requested.

***** Please mail information packet, do not fax. Faxing quite often causes the report to be unreadable.**

FORBES REHAB SERVICES, INC.

Medicaid / Insurance Funding Questionnaire

Please Note: The information requested in the red shaded areas must be provided or the funding request can not be processed.

Return to: Forbes Rehab Services, Inc.
49 South Illinois Avenue
Mansfield, OH 44905
Attn: Funding Department

Client Information

The client is the individual for which funding is being pursued.

Last Name _____

First Name _____ MI _____

Address _____

Phone # _____

Date of Birth _____ SSN _____

County of Residence _____

Sex Male Female

Non-Verbal Limited Verbal

Access Method:

Ambulatory Non-Ambulatory

Touch

Visual Scan

Auditory Scan

Other _____

Primary Diagnosis _____

ICD Code _____

Secondary Diagnosis _____

ICD Code _____

Is Diagnosis a result of an accident? Yes No

If yes: Date of accident? _____ Type of Accident? Auto Employment Other _____

Place of residence? Home Group Home Nursing Home Long Term Care Facility Other

Client Contact Information

The client contact is the individual representing the client in a non-professional manner.

Relation to client: Parent Guardian Spouse Other _____

Name _____

Email _____

Address _____

Home Phone # _____

C/S/Zip _____

Work Phone # _____

Client Advocate Information

The client advocate is the individual representing the client in a professional manner.

Relation to client Speech Pathologist Case Manager Other _____

Name _____

Phone# _____

Facility Name _____

Alt Phone# _____

Address _____

Fax# _____

C/S/Zip _____

Email _____

Funding Sources / Insurance Coverage Information

Indicate **all** funding sources and insurances that may apply. **Include Clear copy of all ID Cards** (front & back).

MEDICAID /MEDICAL ASSISTANCE

_____ **Billing Number**

Is client part of a Managed Care Program through Medicaid/Medical Assistance? Yes No
If yes, list the information below.

MEDICARE # **STOP** – If Medicare appears on the Medicaid Card, Call for assistance before proceeding as you may have the incorrect Funding Packet!

CHAMPUS/Military (List Information Below)

PRIVATE INSURANCE / HMO / CHAMPUS / MANAGED CARE PROGRAM
(If YES, List All Information Below)

Insurance Company Name _____

Case Manager or Contact (If applicable)

Name _____

Phone # _____

Fax # _____

Name & Address of Policy Holder / Subscriber/ Insured

Policy Holder Phone # _____

Policy Holder Date of Birth _____

Social Security Number _____

Policy or Contract ID# _____

Name of Employer _____

Group# _____

Policy Holder Relationship to Client _____

Referring Physician Information

The referring physician is the medical doctor who has prescribed the requested equipment.

Physician Name _____

Address _____

Phone # _____

Fax # _____

C/S/Zip _____

NPI # _____

Medicaid Provider # _____



"Creating A Better Tomorrow, Today"

Release of Information

I authorize any holder of medical or other information about me to release to Forbes Rehab Services, Inc. and its agents, any information needed to determine funding sources and establish and/or process, benefits for services provided to me. I request and authorize the payment of authorized benefits be made on my behalf to Forbes Rehab Services, Inc. directly.

_____ (Printed name of Beneficiary) _____ Signature or Mark (X) of Beneficiary _____ Date

If the beneficiary is only able to sign by making a mark (X), a witness must enter his/her name and address below.

Signature by mark witnessed by:

_____ (Printed Name of Witness) _____ (Address of Witness)

If the beneficiary is physically or mentally unable to make a mark or signature, an authorized representative may sign on the beneficiary's behalf. In this case, the representative should sign the beneficiary's name above and complete the following information, which we are required to have on file.

Signed for the beneficiary by: _____ Relationship to Beneficiary: _____

Representative's Address: _____

Reason beneficiary cannot sign: _____