STATE SENATOR
**Leah Vukmir**

**Senate Committee on Health & Human Services**
Wednesday, Aug. 16, 2017

# Senate Bill 381

Committee members, thank you for taking time today to hear testimony on Senate Bill 381.

The durable medical equipment category in Medicaid has become a category that far surpasses its original intent of equipment made to help the elderly. It currently covers those with significant disabilities like cerebral palsy, muscular dystrophy, multiple sclerosis, spinal cord injuries, ALS, and spinal bifida. Unfortunately, as time has passed, the standards and the coding process have not kept up as the category has expanded and technology has advanced.

Senate Bill 381 will help protect access for people with special needs who use special custom-made devices. It does this by properly separating complex rehabilitation technology from durable medical equipment. The bill will also require DHS to set up specific rules and policies for access and utilization of complex rehabilitation technology in the Medicaid program.

Earlier this year, I was able to tour Comfort Company in New Berlin that manufactures custom-made seating supports for people in wheelchairs that would fall in this complex rehab technology classification. This business is helping people stay in their homes longer and participate in our workforce so they don't have to go to a nursing home. They provide a vital service for our friends and family members who are disabled, and I am very thankful for the work they do.

Stakeholder groups have reached out to my office to talk about some tweaks to the bill to make sure that there won't be any unintended consequences. Rep. Jagler and I also look forward to hearing and addressing some of the department's concerns so we can make sure this policy is appropriately implemented.

Thank you again for your consideration. Please feel free to reach out to me and my office if you have any questions.

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State of Wisconsin
Department of Health Services
Scott Walker, Governor
Linda Seemeyer, Secretary

August 16, 2017

Senate Committee on Health and Human Services

Senate Bill 381

WI Department of Health Services: Testifying for Information Only

Good morning Chairwoman Vukmir and members of the Committee on Health and Human Services,

Thank you for the opportunity to testify for information on Senate Bill 381 regarding complex rehabilitation technology for complex needs patients in the Medical Assistance program. My name is Jennifer Malcore, and I am the Assistant Deputy Secretary for the Department of Health Services. I have with me Casey Himebauch, Deputy Administrator for the department's Division of Medicaid Services.

In reviewing the legislation, we have identified a few questions we hope to work through with the authors. We have discussed these with the authors' staff and are committed to continue to work with them on this legislation.

One question that arose during the Department's review was the addition of HCPCS codes in the bill. The department advises against the inclusion of these codes in statute as these can change on a quarterly basis. If the committee decides to include specific codes in statutory or non-stat language, a careful review will have to be done to ensure that none of included codes impact beyond the intent of the legislators.

The department has concerns relating to the language requiring MA recipients to be evaluated by certain and specific rehab professionals. We are concerned that including this specific requirement might create barriers to access for some in the state. Specifically, additional analysis is needed to determine if there is adequate access outside of the Milwaukee and Madison areas.

The legislation also includes a seven-month timeline for submitting the proposed rule. Ideally we would recommend a 12-18 month timeline. This would allow time to submit the scope statement, establish an advisory committee if needed, and provide more time to work through any issues that may arise with the various stakeholders while developing the rule.

Again, we thank you for your time and the opportunity to speak today. We are happy to answer any questions you may have at this time.

NCART
National Coalition For Assistive & Rehab Technology

**Testimony to Support Passage of Wisconsin Senate Bill SB-381 – To better serve Medicaid recipients with Complex Medical Needs who require Complex Rehabilitation Technology**

August 16, 2017

Dear Senate Human Services Committee Members,

My name is Don Clayback and I am the Executive Director of NCART, the National Coalition for Assistive and Rehab Technology. I am here today to support the passage of SB-381.

NCART is a national association focused on protecting and promoting access to Complex Rehab Technology (CRT). CRT products include medically necessary and individually configured manual and power wheelchairs, seating and positioning systems, and other adaptive devices that require evaluation, fitting, configuration, adjustment, or programming.

These specialized products are used by a small group of people with high-level disabilities and chronic medical conditions. Access to CRT allows these individuals to manage their medical needs, minimize their health care costs, and maximize their independence. You can view more information about CRT, including an educational introductory video, at www.ncart.us.

Our national membership includes CRT manufacturers and providers serving people with disabilities from over 300 community locations across the country. Here in Wisconsin our member companies have 8 locations across the state. Their services extend beyond just the Wisconsin Medicaid program to thousands of other children and adults across the state.

Our mission is to ensure people with disabilities have access to the right CRT equipment and that the equipment is properly supported during the years of use. In order to ensure that, NCART works with consumers, clinicians, and physicians along with federal, state and private policy makers to establish and protect appropriate coverage, provider standards, and payment policies.

We have found the lack of a clear understanding/recognition of the specialized nature and configuration of Complex Rehab Technology within regulations and policies to be the biggest challenge to preserving access. With that in mind, the following are CRT facts that Wisconsin legislators should be aware of:

- **Complex Rehab Technology products and services are significantly different than standard Durable Medical Equipment (DME)-** The standard DME benefit was created over forty-five years ago to address the medical equipment needs of elderly individuals. Providers who furnish CRT provide highly specialized products and services which are much different than standard DME. See attached "CRT Wheelchairs Vs. Standard DME Wheelchairs" for a visual illustration of the difference in the products and the configurable features of CRT.

- **These specialized products are used by a small population of children and adults who have significant disabilities and medical conditions-** Individuals who require CRT have a complex disability or medical condition such as, but not limited to, Cerebral Palsy, Muscular Dystrophy, Multiple Sclerosis, Spinal Cord Injury, Amyotrophic Lateral Sclerosis, or Spina Bifida. CRT products enable

these individuals to deal with their daily physical, functional and cognitive challenges and play a critical role in addressing the complex medical needs of these children and adults and in keeping them active and functional within their homes and communities. These products not only supply independence and function, but also keep healthcare costs down by reducing medical complications, clinical interventions, hospitalizations, and caregiver requirements.

- **Similar to the provision of custom Orthotics and Prosthetics, the process of providing CRT products is done through a clinical model and is service intensive-** The provision of CRT is typically done through an interdisciplinary team consisting of, at a minimum, a Physician, a Physical Therapist or Occupational Therapist, and a credentialed Assistive Technology Professional. The team collectively provides clinical services and technology-related services designed to meet the specific and unique medical and functional needs of the individual. The activities of the provider are labor-intensive as explained in the attached "The Complex Rehab Technology Delivery Process".

- **Due to significant operating costs and low profit margins there is only a small number of qualified providers that supply these specialized products and services-** This is a difficult business as companies providing CRT products must maintain the required trained and credentialed staff, supporting systems and facilities, and related company accreditations to perform the necessary activities. Meeting these requirements comes with significant operating challenges and costs, along with low profit margins. As a consequence, there are a very limited number of companies that provide CRT and that number is decreasing across the country.

The Wisconsin CRT bill, SB-381, follows legislation that has been introduced in Congress to provide improved safeguards and access for beneficiaries with disabilities within the Medicare program. The "Ensuring Access To Quality Complex Rehabilitation Technology Act" is working its way through Congress and has garnered bipartisan support in both chambers. In 2016 there were 173 Representatives and 20 Senators signed on. The federal bill also has the support of over 50 major national disability advocacy and medical professional organizations.

We strongly encourage passage of SB-381. Its passage will provide the needed recognition for these specialized products, establish improved standards and safeguards to benefit the state and Medicaid recipients with disabilities, and provide a stable economic environment for the remaining CRT companies to continue to provide this critical technology and related supporting services.

Thank you for consideration of our comments and for passing legislation to better serve the Wisconsin Medicaid recipients with complex medical needs who require CRT. We are happy to provide any additional information that may be helpful.

Sincerely,

Don Clayback

Donald E. Clayback
Executive Director
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Attachments-

1-CRT Pictorial
2-CRT Wheelchairs vs Standard DME Wheelchairs
3-CRT Delivery Process
4-Consumer/Clinician Organizations Supporting CRT Legislation

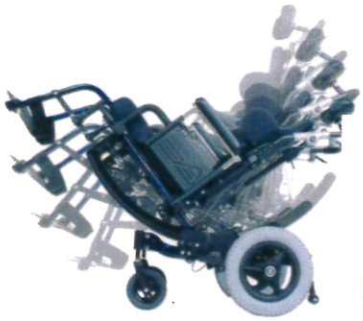
# Complex Rehab Technology

**Specialized wheelchairs, seating and positioning systems, and other adaptive equipment used by people with significant disabilities and chronic medical conditions**

**Visit www.ncart.us for more information.**

# "Complex Rehab Technology" Wheelchairs Differ from Standard Wheelchairs

Complex Rehab wheelchairs are individually configured to meet the specific needs of people with permanent disabilities and are vital to a SMALL but CRITICAL segment of Medicare wheelchair users who rely on these specialized wheelchairs for their health and independence.



**Complex Manual WCs**

- Intended for long-term use
- High Adjustability
- Provides Positioning
- Accommodates Orthopedic Issues
- Provides Pressure Management

**Standard Manual WCs**

- Intended for short-term use
- Minimal to Zero Adjustability
- NO Positioning
- NO Orthopedic Accommodations
- Provides NO Pressure Management

**Complex Power WCs**

- Intended for Perm./Progressive Diagnoses
- Advanced Electronics and Controls
- Provides Positioning
- Accommodates Orthopedic Issues
- Provides Pressure Management
- Offers Ventilator Accommodation

**Standard Power WCs**

- Intended for Ambulatory Limitations
- Basic Joystick Drive ONLY
- NO Positioning
- NO Orthopedic Accommodations
- Provides NO Pressure Management
- NO Ventilator Accommodation

For more information about Complex Rehab Technology (CRT) visit www.ncart.us.

# *The Complex Rehab Technology Delivery Process*

The following is an overview of the "delivery process" of supplying complex rehab mobility and seating systems. Various staff members are involved at different points. While there can be over 30 steps in the process, the principal activities include evaluating, selecting, funding, purchasing, receiving, assembling, scheduling, delivering, fitting, adjusting, programming, training, and billing.

1.) Call received from customer or referral source. Review general needs. Verify insurance coverage. Schedule an evaluation.

2.) Prepare for evaluation. Gather related literature on options. Obtain and configure necessary evaluation/loaner equipment.

3.) Drive to evaluation site. Meet with customer, therapist, and other interested parties. Participate in CRT evaluation process. Gather information on medical status, current and future needs, goals and funding options. Take physical measurements and document.

4.) Perform Technology Assessment along with transportation and home accessibility assessments.

5.) In some cases, multiple evaluations may be performed involving equipment trials and visits to both the home and other locations such as school, clinic, or hospital.

6.) Identify and document equipment recommendations and specifications. Prepare pricing worksheet detailing all equipment and components to be ordered. Indicate specific manufacturer, part number and price. Obtain custom quotes if needed. (Complex cases may involve up to ten different manufacturers.)

7.) Identify related coverage criteria. Determine proper billing codes. Obtain medical necessity documentation from physician and therapist. This required documentation can be significant and must meet specific payer requirements.

8.) Submit and obtain external or internal funding approval. Include pricing detail and medical necessity documentation. Respond to requests for additional information. Follow up and resolve initial denials.

9.) Once funding approval is received, prepare purchase orders for all manufacturers and order items.

10.) As pieces of equipment are received, store in holding area until all items for the system have arrived.

11.) Once all items have arrived, pull customer order and assemble in accordance with measurements and notes.

12.) Contact customer and/or therapist to schedule delivery and fitting.

13.) Deliver equipment as scheduled. Perform fitting, adjustments, and programming. For cases requiring further work, document additional modifications needed and return to shop for processing.

14.) Perform additional modifications as noted at the first fitting and schedule additional deliveries and fittings as needed.

15.) At final delivery, perform final fitting and adjustments. Train customer on proper programming, operation and maintenance.

16.) Submit for billing to both primary and secondary payers. Follow up through final collection.

17.) Respond promptly to requests from the customer or therapist for post-delivery adjustments or operational concerns.

18.) Provide ongoing repair and maintenance as needed.

The process of providing complex rehab mobility and seating is very involved. The time taken on each activity is significant. All parties (physician, therapist, rehab technology professional, rehab tech, and other support staff) work together in order to provide the most appropriate equipment to best meet an individual's medical needs and maximize his or her function and independence.

*For more information on Complex Rehab Technology visit www.ncart.us*

## National Organizations Supporting Federal CRT Legislation

## "Ensuring Access to Quality Complex Rehabilitation Technology Act"

1) ACCSES
2) ALS Association
3) American Academy of Physical Medicine and Rehabilitation
4) American Association for Homecare
5) American Association of People with Disabilities
6) American Association on Health and Disability
7) American Congress of Rehabilitation Medicine
8) American Medical Rehabilitation Providers Association
9) American Music Therapy Association
10) American Occupational Therapy Association
11) American Physical Therapy Association
12) Amputee Coalition of America
13) American Cochlear Implant Alliance
14) American Therapeutic Recreation Association
15) Association for Education and Rehabilitation of the Blind and Visually Impaired
16) Association of Assistive Technology Act Programs
17) Association of University Centers on Disabilities
18) Blinded Veterans Association
19) Brain Injury Association of America
20) Caregiver Action Network
21) Center for Medicare Advocacy, Inc.
22) Christopher and Dana Reeve Foundation
23) Clinician Task Force
24) Disability Health Access
25) Disability Rights Education and Defense Fund
26) Easter Seals
27) Harris Family Center for Disability and Health Policy
28) Hearing Loss Association of America
29) ITEM Coalition
30) Muscular Dystrophy Association
31) Myositis Association
32) National Association of County Behavioral Health and Developmental Disability Directors
33) National Association for Home Care & Hospice
34) National Association of State Head Injury Administrators
35) National Coalition for Assistive and Rehab Technology
36) National Council on Independent Living
37) National Disability Rights Network
38) National Down Syndrome Society
39) National Family Caregivers Association
40) National Multiple Sclerosis Society
41) National Registry of Rehabilitation Technology Suppliers
42) National Rehabilitation Hospital
43) Paralyzed Veterans of America
44) Perkins School for the Blind
45) Rehabilitation Engineering and Assistive Technology Society of North America
46) Spina Bifida Association
47) TASH
48) The Arc of the United States
49) United Cerebral Palsy Association
50) United Spinal Association
51) Unite 2 Fight Paralysis

**For more information on Complex Rehab Technology visit www.access2crt.org**

**Contact: Connie Schulze**
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608/422-8063 office

**TO:** Senator Leah Vukmir, Chair
Members of the Senate Committee on Health & Human Services
**FR:** Julie Gamradt, Program Director, CASC
Connie Schulze, Director of Governmental Affairs, UW Health & UWSMPH
**DT:** August 16, 2017
**RE:** Senate Bill 381 – For Information Only

*Please consider the following submission to the Senate Committee on Health and Human Services for information only.*

The Waisman Center, in partnership with UW Health, has provided services related to speech generating devices (SGD) for individuals with communication disabilities through the Communication Aids & Systems Clinic (CASC) for over 35 years. In fact, the CASC is the largest clinic in the state providing SGD related services. Given our commitment to meeting the needs of patients requiring SGD, we are seeking clarifying information related to Senate Bill 381. Specifically, we ask you to consider the following during your discussion of the bill.

We seek to confirm that the billing codes for speech generating devices (SGD) durable medical equipment (E2500, E2502, E2504, E2506, E2508, E2510, E2511, E2512, E2599) will not be designated as Complex Rehabilitation Technology (CRT). The complex needs of the patients targeted by this bill along with the descriptions of features of assistive technology that would be appropriately categorized as "CRT" suggest inclusion of SGD under this designation, even though the SGD procedure codes are not among those listed in the bill.

We request confirmation SGD suppliers will not be required to meet new standards outlined in the bill, including that a RESNA certified individual be present during the patient evaluation, which would not advance the goals of assuring quality patient care for those needing SGD and would create unintended barriers for patients requiring SGD and related services. We follow the current standards of Medicare and Medicaid that require SGD related services be completed by speech language pathologists that have their Certificate of Clinical Competence through the American Speech-Language Hearing Association (ASHA), providing current quality controls for SGD practice.

With the above in-mind, we look forward to working with the authors of the bill and all interested parties to ensure that Senate Bill 381 does not create any unintended consequences for patients seeking treatment at the CASC. Thank you for your consideration.

WISCONSIN SPEECH-LANGUAGE PATHOLOGY
and AUDIOLOGY ASSOCIATION

563 Carter Court, Suite B | Kimberly, WI 54136 | 920-560-5642 | 920-882-3655 FAX

**Date:** **August 16, 2017**
**To:** **Members of the Senate Committee on Health & Human Services**
**From:** **WI Speech-Language Pathology & Audiology Association (WSHA)**
**Re:** **Comments on Senate Bill 381**

The Wisconsin Speech-Language Pathology & Audiology Association (WSHA) seeks clarifying information to ensure that Senate Bill 381 does not unintentionally impact access to augmentative communication devices (e.g. speech-generating devices) and speech-language pathologists.

WSHA seeks clarification that billing codes for speech-generating devices (SGD) do not designate them as Complex Rehabilitation Technology (CRT). While the codes available online would suggest that speech-generating devices do not fall under the CRT category, the definition of the technology and the targeted patient group as defined in the bill could suggest that SGDs are included.

WSHA seeks clarification on whether or not SGD suppliers would be required to meet standards outlined in the bill, including that a RESNA certified individual be present during the patient evaluation, which would not result in the targeted positive impacts for patients requiring SGD but instead cause unnecessary, deleterious impact on SGD service provision. Currently, Medicaid policy on SGD is aligned with the Medicare requirement that SGD be recommended by an American Speech-Language Hearing Association (ASHA) certified SLP. The problems that are targeted by the new policy are thus not relevant to SGD DME since ASHA already appropriately provides the essential quality controls related to evaluation and recommendations for SGD.

Thank you for your consideration of these concerns. We look forward to working with all interested parties to ensure that Senate Bill 381 does not create any unintended consequences.

Contact: Ramie Zelenkova, Hubbard Wilson & Zelenkova
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USSAAC
THE VOICE OF AAC



August 15, 2017

The Hon. John Jagler
State Capitol - Room 316 North
PO Box 8952
Madison, Wisconsin 53708

The Hon. Leah Vukmir
Wisconsin State Capitol
P.O. Box 7882
Madison, Wisconsin 53707-7882

RE: LRB 2261: Complex Rehabilitation Technology for complex Needs patients in the Medical Assistance Program

Dear Representative Jagler and Senator Vukmir:

I write on behalf of the United States Society for Augmentative and Alternative Communication, USSAAC. Founded in 1983, USSAAC's mission is to advance and protect all parties with interests related to augmentative and alternative communication: individuals with complex communication needs and their families; speech-language pathologists; other professionals who provide communication related services to people with complex communication needs; speech generating device manufacturers; and advocates. One interest shared by all is to ensure individuals with complex communication needs have access to necessary speech generating devices, such as through Medical Assistance (Medicaid) and other health benefits programs.

USSAAC is a membership organization. I am a member of its Board of Directors.

USSAAC writes to provide information relevant to the Proposed Legislation "relating to complex rehabilitation technology for complex needs patients," which will create new statutory sections 49.45 (9r) and 49.46 (2) (b)(6). Specifically, USSAAC wishes to state that this proposed legislation is ***not*** intended to cover speech generating devices; it does not address any problem that faces speech-generating device access by Wisconsin Medicaid recipients; and it does not state a solution that will provide

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communication related services to people with complex communication needs; speech generating device manufacturers; and advocates. One interest shared by all is to ensure individuals with complex communication needs have access to necessary speech generating devices, such as through Medical Assistance (Medicaid) and other health benefits programs.

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**Contents of the Proposed Legislation**

Section 49.45 (9r) sub-paragraphs (a)(1-3) state the characteristics of items of "complex rehabilitation technology" (CRT). Sub-paragraphs (a)(5) – (7) describe the service delivery process related to CRT. Sub-paragraph (b) requires new administrative rules or policies to be promulgated regarding CRT related to billing codes, supplier standards, payment rates, and "access protection," and that these rules apply both to the traditional fee-for-service Medicaid program and to Medicaid managed care providers.

Proposed section 49.46 (2) (b) is unclear as written. Presently, it states that "durable medical equipment considered complex rehabilitation technology, subject to the requirements under s. 49.56(9r)." A word or phrase appears to be missing between "technology" and "subject to." Most likely, it is "is" or "shall be."

**Purpose of the Proposed Legislation**

The purpose of the proposed legislation is stated in proposed section 49.45 (9r) (b): to establish the administrative infrastructure (billing codes, payment rates, fee schedules and supplier standards) to support delivery of complex rehabilitation technology to Wisconsin Medicaid recipients.

**Issues with the Proposed Legislation**

Speech generating devices (SGDs) are defined by Medicare as "durable medical equipment that provides an individual who has a severe speech impairment with the ability to meet his or her functional, speaking needs." Medicare states further that SGDs are electronic aids that will produce oral speech,

written text the can be sent by text or email, or communication via phone messaging, based on specific instructions from their users. SGDs are individually programmed and configured to meet the physical, cognitive, linguistic and sensory abilities and needs of individuals with complex communication needs.

The characteristics of SGDs and of the individuals who need and use them meet the definitions of "complex needs patient," "complex rehabilitation technology," and "individually configured" in sub-paragraphs 49.45 (9r) (a)(1) – (3).

- Individuals with complex communication needs all have "a diagnosis or medical condition that results in significant physical impairment or functional limitation."
- Speech generating devices are "items classified with Medicare as [DME] that are individually configured for individuals to meet their specific and unique medical, physical, and functional needs and capacities for ... instrumental activities of daily living identified as medically necessary." Using the telephone or other form of communication is identified as an Instrumental Activity of Daily Living.
- Each SGD's "features" must be "adjust[ed] and "modif[ied]" "to the specific individual" and its software must be "program[med], adjust[ed] or adapted as appropriate so that the device operates in accordance with the assessment or evaluation of the individual by a qualified health care professional and is consistent with the individual's medical condition, physical and functional needs and capacities, body size, period of need and intended use."

This overlap may create the impression that SGDs *are* complex rehabilitation technology within the intent and scope of this proposed legislation. Such a conclusion is ***not correct.*** SGDs are not intended to be included within the scope of "complex rehabilitation technology" as evidenced by the following:

1. The proposed legislation states that determination of need for and "individual configuration" of an item of complex rehabilitation technology is done by a "qualified health professional." Section 49.45 (9r)((a)(3). A "qualified health care professional" is defined at Section 49.45 (9r)((a)(7). It includes only a "physician or physician assistant," "physical therapist," or "occupational therapist." By contrast, all systems of health benefits – including both Wisconsin Medicaid and Medicare – require SGD requests to be based on an assessment by a speech language pathologist (SLP). SLPs are without question or debate "qualified health professionals." Augmentative and Alternative Communication, which includes use of SGDs, has been recognized for decades as a form of speech-language pathology treatment for severe speech impairment.

2. The proposed legislation describes the service delivery process for complex rehabilitation technology within the definition of "complex rehabilitation technology supplier." Section 49.45 (9r)(a)(6). SGD manufacturers are certified by Medicare but they are ***not*** "qualified complex rehabilitation technology suppliers."
3. The proposed legislation requires qualified CRT suppliers to employ "qualified complex rehabilitation technology professionals" who must be certified by the Rehabilitation Engineering and Assistive Technology Society of North America (RESNA). By contrast, Federal Medicaid regulations identify the American Speech Language Hearing Association (ASHA) as the certification agency required for speech language pathologists who participate in Medical Assistance. Historically, SLPs have not pursued the RESNA certification. As just reported, RESNA certification is not an SLP practice pre-requisite and it does not provide a basis to identify SLPs with knowledge, experience or skill to perform SGD assessment or provide SGD related treatment.
4. The proposed legislation does ***not*** describe the delivery or set up process for SGDs. There is no required role for SGD manufacturer staff in the assessment process – there is no "qualified complex rehabilitation technology professional" employed by the SGD manufacturers required to be involved in the assessment of SGD need, as compared to the procedure described in Section 49.45 (9r) (a)(6)(c). Most definitely, no representative of the SGD manufacturers "participate[s] in the selection of appropriate complex rehabilitation technology...." Instead, the SGD manufacturers, who almost universally serve as nationwide distributors of their devices, receive recommendations and prescriptions from assessing and treating SLPs and physicians and build the ordered device. They then ship it to the Medicaid recipient, where the device is individually set up, configured, programmed, adjusted, and as necessary mounted to a wheelchair and connected to access aids. These tasks are done by the evaluating or another SLP, an occupational therapist, or other individuals.
5. Section 49.45 (9r)(b) states that the Department "shall promulgate rules and other policies for use of complex rehabilitation technology" by Medicaid recipients. Wisconsin Medicaid has covered and provided SGDs for approximately 30 years. Adequate instructions and other materials already exist for SLP assessment and to inform both recipients and evaluating and prescribing health professionals of what is required to support SGD funding requests.
6. Section 3 of the proposed legislation identifies codes as presumptive complex rehabilitation technology. The codes for SGDs are not included. SGDs are coded E2500, E2502, E2504, E2506, E2508, and E2510. Related codes are E 2511(software for SGDs); E2512(mounting devices); and E2599(SGD accessories).

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**Legislative Amendment**

To eliminate any possible confusion regarding the relationship of SGDs to complex rehabilitation technology, USSAAC proposes the following amendment to sub-paragraph 49.45 (9r) (a)(2), which defines "complex rehabilitation technology:"

> (a) The provisions of Sections 49.45 (9r) and 49.46 (2) (b) are not intended to and do not apply to or affect speech generating devices or related equipment [E2500, E2502, E2504, E2506, E2508, and E2510, E 2511, E2512, and E2599] coverage, coding, payment, or other aspects of SGD assessment or access.

A second amendment should be made to Section 49.46 (2) (b) 6. dm. to add the words in *italics*:

> Durable medical equipment that is considered complex rehabilitation technology *but not speech generating devices and related equipment [E2500, E2502, E2504, E2506, E2508, and E2510, E 2511, E2512, and E2599],* subject to the requirements under s. 49.45 (9r).

**Conclusion**

In summary, USSAAC takes no position on the need for or the merits of this proposed legislation. Instead, its comments are directed only to distinguishing speech generating devices from the concept of "complex rehabilitation technology." SGDs should not be considered complex rehabilitation technology under this proposed legislation and none of its provisions should apply to SGDs. To include SGDs under this legislation as currently drafted will have serious adverse unintended consequences: it create problems with SGD access for Wisconsin Medical Assistance recipients where none currently exists. To include SGDs in this legislation will cause needless harm to individuals with complex communication needs in Wisconsin.

Thank you.

Respectfully submitted,

*Michael J. Hipple*

Mike Hipple
Member, Board of Directors,
United States Society for Augmentative and Alternative Communication

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